



SUBMISSION FORM

SAMPLE IDENTIFICATION

Name:	
Institution:	
Lab Group:	
Results email:	

Invoice email:	
Invoice Address:	
PO#	

Analysis	Theory	% Found		

Single <input type="checkbox"/> Duplicate <input type="checkbox"/> Triplicate <input type="checkbox"/>	
Molecular Formula:	
M.P. / B. P.	
Air Sensitive:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explosive:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazardous:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drying: Yes <input type="checkbox"/> No <input type="checkbox"/>	Temp. ____°C Time ____ H ____ M
Sample Return: Yes <input type="checkbox"/> No <input type="checkbox"/>	Shipping Address:

Comments: _____

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