



SAMPLE IDENTIFICATION ON Vial

Analysis Requested: _____

Single Duplicate Triplicate OTHER:

Submitter Information:

Submitter Name:	
Business / Institution:	
Lab Group:	
Results email: Phone #:	
Invoice email:	
Invoice Address:	
Purchase Order:	

Sample Information:

Analysis Requested	Customer Theory	Office Use Only:		
		Results are reported in total % Found		

Molecular Formula:	
Melting / Boiling Point	
Air Sensitive/ Glove Box:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hazardous/ Explosive:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hydroscopic:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vacuum Drying Requested:	Temp: _____ °C
Yes <input type="checkbox"/> No <input type="checkbox"/>	Time: _____ Hr. _____ Min.
Sample Return Address:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Ship samples to address below:

Midwest Microlab
 Attn: Valerie Guzzetta
 7212 N. Shadeland Ave., Suite 110
 Indianapolis, IN 46250
 Phone: 317-849-6606
 Fax: 317-849-8534
 Website: <http://midwestlab.com>

Comments:

We appreciate your business.