



A1

**SAMPLE IDENTIFICATION ON Vial**

Analysis Requested:        **CHN**       

Single  Duplicate  Triplicate

Submitter Name:	John Doe
Business or Institution:	John Doe Institute
Lab Group:	John Doe Lab Group
Results email and Phone #:	John.doe@labgroup.com  (111) 111-0111
Invoice email and Phone#:	<a href="mailto:invoices@labgroup.com">invoices@labgroup.com</a>  (111) 111-1011
Invoice Address:	Invoice Address Attn: John Doe Street City, State Zip code
Purchase Order Number:	PO 11011111

Analysis Requested	Customer Theory	<i>Office Use Only: Results are total % Found</i>		
<b>C</b>				
<b>H</b>				
<b>N</b>				

Molecular Formula:	$C_{16}H_{12}O_8$
Air Sensitive/ Glove Box:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Hazardous/ Explosive:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Hydroscopic:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Vacuum Drying Requested:	Temp: <u>  40  </u> °C
Yes <input checked="" type="checkbox"/>	Time: <u>  1  </u> Hr. <u>    </u> Min.
No <input type="checkbox"/>	
Sample Return Address:	John Doe Company Attn: John Doe Street City, State Zip code
Yes <input checked="" type="checkbox"/>	
No <input type="checkbox"/>	

Shipping address:  
Midwest Microlab  
Attn: Valerie Guzzetta  
7212 N. Shadeland Ave., Suite 110  
Indianapolis, IN 46250  
Phone: 317-849-6606  
Fax: 317-849-8534  
Email: [info@midwestlab.com](mailto:info@midwestlab.com)  
Website: [www.midwestlab.com](http://www.midwestlab.com)

Submitter Comments:

Sample is a yellow powder. Provided 15mg of sample. Please handle in Glove Box.

*Office Use Only*