



SAMPLE IDENTIFICATION ON Vial

Analysis Requested: _____

Single Duplicate Triplicate

| | |
|-----------------------------------|--|
| Submitter Name: | |
| Business or Institution: | |
| Lab Group: | |
| Results email and Phone #: | |
| Invoice email and Phone#: | |
| Invoice Address: | |
| Purchase Order Number: | |

| Analysis Requested | Customer Theory | <i>Office Use Only: Results are total % Found</i> | | |
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| Molecular Formula: | |
| 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"/> | Time: ____ Hr. ____ Min. |
| No <input type="checkbox"/> | |
| Sample Return Address: | |
| Yes <input 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
 Website: www.midwestlab.com

Submitter Comments:

Office Use Only