



Sample ID John Doe 1

SAMPLE IDENTIFICATION ON Vial

Analysis Requested: C,H,N

Single Duplicate Triplicate

| | |
|-----------------------------------|--|
| Submitter Name: | John Doe |
| Business or Institution: | Business Name |
| Lab Group: | Lab Group Name |
| Results email and Phone #: | johndoe@university.edu (111) 111-1111 |
| Invoice email and Phone#: | accounts.payable.edu (000)000-0000 |
| Invoice Address: | University Accounts Payable 00 University Drive City, State Zip code |
| Purchase Order Number: | PUR0000000 |

| Analysis Requested | Customer Theory | <i>Office Use Only: Results are total % Found</i> | |
|--------------------|-----------------|---|--|
| C | 34.28 | | |
| H | 5.75 | | |
| N | 59.97 | | |
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|---|---|
| Molecular Formula: | C2 H4 N3 |
| Hazardous/ Explosive | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Air Sensitive/ Glove Box handling: | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> *Additional fee associated |
| RUSH service: | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> *Additional fee associated |
| Vacuum Drying Requested: | Temp: <u>50</u> °C |
| Yes <input checked="" type="checkbox"/> | Time: <u>1</u> Hr. <u> </u> Min. |
| No <input type="checkbox"/> | *Additional fee associated |
| Sample Return Address: | John Doe University Attn: John Doe 000 Lab St. City, State Zip code (111) 111-1111 |
| Yes <input checked="" type="checkbox"/> | *Additional fee associated |
| No <input type="checkbox"/> | |

SAMPLE SHIPMENT ADDRESS:
Midwest Microlab
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:
Sample a yellow powder. Provided 15mg of sample. Please handle in the glove box.

RUSH

Office Use Only