



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>		

Molecular Formula:	
Hazardous/ Explosive	YES <input type="checkbox"/> NO <input type="checkbox"/>
Air Sensitive/ Glove Box handling:	YES <input type="checkbox"/> NO <input type="checkbox"/> *Additional fee associated
RUSH service:	YES <input type="checkbox"/> NO <input type="checkbox"/> *Additional fee associated
Vacuum Drying Requested:	Temp: _____ °C
Yes <input type="checkbox"/>	Time: ____ Hr. ____ Min.
No <input type="checkbox"/>	*Additional fee associated
Sample Return Address:	
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	*Additional fee associated

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:

Office Use Only