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| SAMPLE SUBMISSION FORM |  | Date: |  |
|  |  |  |  |
| Submitter Information |  | Billing Information |  |
|  |  |  |  |
| Contact Name: |  | Company Name: |  |
| Company Name: |  | Address: |  |
| Address: |  |  |  |
|  |  |  |  |
|  |  | Contact Name: |  |
| Title: |  | E-Mail: |  |
| E-Mail: |  | Phone: |  |
| Phone: |  | Fax: |  |
| Fax: |  | Visa / MasterCard#: |  |
|  |  | Exp. Date: |  |
|  |  | Purchase Order No: |  |
| Additional Reports Sent To: |  |  |  |
| Contact Info: |  | I would like the reports sent by: (Please check all that apply): |  |
|  |  |  MAIL FAX E-MAIL |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Do Not Write In Space Below* | ***Sample Description*** | ***Tests Required*** | ***Expected Levels*** | ***Units*** |
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| Special Instructions: |  |  |  |  |
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