The Osmolality Lab

SAMPLE SUBMISSION FORM

CHAIN OF CUSTODY

By submitting a test article, you agree to the Testing Services Agreement set forth by The Osmolality Lab, and acknowldege that The Osmolality Lab does not make decisions on whether test results pass or fail specifications.

Please send samples to:

1488 West Pleasant View Drive, Ste. 150
Pleasant Grove, UT 84062
Phone: 385.323.5141
Fax: 801.665.3148
info@osmolab.com
www.omolab.com

CLIENT: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
REPORT RESULTS TO: _____
PHONE: _____
FAX: _____
EMAIL: _____
PURCHASE ORDER #: _____
BILLING ADDRESS: _____
BILLING CITY/STATE/ZIP: _____
PROJECT NAME:

TURNAROUND REQUIRED:
STANDARD ☐ 3-DAY* ☐ 1-DAY* ☐
**Expedited turnaround subject to additional fee*

Lab Use Only	CLIENT SAMPLE DETAILS					TESTS REQUESTED
	SAMPLE ID	DESCRIPTIONS/LOCATION	MATRIX	DATE	TIME	
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

Sampled by: (print)	Sampled by: (signature)	**NO** BIOHAZARDS OR RADIOACTIVE MATERIALS ACCEPTED

Sample Storage Requirements: Room Temp ☐ Fridge ☐ Freezer ☐ Other ☐	Special Instructions:	*Lab Use Only* Sample Receipt Condition On Ice ☐ Room Temp ☐ Other ☐

Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time
Relinquished by: (signature)	Date/Time	Received by: (signature)	Date/Time

Form TOL-19B28