



Sample Submission Form

Chain of Custody

Project IC- _____

Date Submitted: _____

Date Received: _____

Received by: _____

Customer Contact Information

Customer Name:	
Company Name:	
Ship To Address:	
City, State, Zip Code:	
Phone Number:	
Email Address for all persons :	

Payment Information (Hard Copy of PO or credit card information is required prior to releasing results)

Purchase Order #	
Contact person for billing:	
For credit card, provide email address for invoicing:	

Type of Service for reporting	Surcharge Price	Would you like your samples returned to you?	
<input type="checkbox"/> Priority 1 (next day)	List + 200%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Priority 2 (2 working days)	List + 100%	<small>If Yes, please provide your shipping account information. If none is provided we will invoice you to cover the additional costs. Hazardous materials must be returned.</small>	
<input type="checkbox"/> Priority 3 (3-4 working days)	List + 50%	Shipping Account Number	
<input type="checkbox"/> Normal (typically 5-10 working days)	List Price		

Sample Description or Sample Type

Please list any known hazards associated with the sample(s)

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Customer Sample ID's (List individually if possible)	IC use only		ANALYSES DESIRED (Include test number(s) if possible)
	IC#	Sample Location	
		Bin# _____ Rk Fg Fz Hd	
		Bin# _____ Same Rk Fg Fz Hd	
		Bin# _____ Same Rk Fg Fz Hd	
		Bin# _____ Same Rk Fg Fz Hd	
		Bin# _____ Same Rk Fg Fz Hd	
		Bin# _____ Same Rk Fg Fz Hd	

Ship your sample(s), SDS, and this form to:

IsleChem Analytical Services

Attn: Lab Coordinator

2801 Long Road Grand Island, NY 14072

(800) 899-8606 (716) 773-8401

www.islechem.com

islechem analytical request version 4 (002)