



INSTRUCTIONS: ANALYSIS REQUEST FORM

The analysis request form is on the second page of this document. Please include the following information on the Analysis Request:

- Your name, phone number and e-mail address (Submitted by).
- Your company's name.
- Your company's address.
- Billing Address if different from your company address.
- Indicate how you want to receive your test results (i.e., E-mail, Fax or US Postal Service delivery).
- Let us know if you would like to receive hard copies of your test results.
- Are there any safety precautions needed to handle this sample? If so, please describe.
- Leave the space blank for BPL Lab Number. Our Receiving Department will fill in this information.
- Fill in the volume/ weight of the sample you are sending.
- Fill in the sample description (Please check for accuracy. This becomes part of your final report.)
- Fill in the sample identification. (Please check for accuracy. This becomes part of your final report.)
- Please check the boxes for all the testing that you would like to have performed on the submitted sample.

IF POSSIBLE, PLEASE SEND US AT LEAST 100 GRAMS OF SAMPLE.

INSTRUCTIONS FOR SHIPPING SAMPLES:

1. Seal the containers tightly.
2. Package samples in an appropriate shipping container. If the sample is fragile, be sure to use packaging material such as Styrofoam or air cell wrap. If refrigeration is required, include at least three gel ice packs and package in insulating material.
3. If available or applicable, please include Material Safety Data Sheets (MSDS's) for any hazardous substances as defined by the Hazard Communication Standard (29 CFR 1910.1200)
4. Send via any dependable overnight carrier.



ANALYSIS REQUEST FORM

Date: ____/____/____

Send Report To: Name: _____ Company: _____

Address:

Bill to the address above: Yes No If no, please provide address:

Purchase Order#: _____ (If required for payment) Phone#: _____ Fax: _____

E-mail:

Send results via: E-mail Fax US Postal Service Delivery Is a hard copy necessary? Yes No

Additional Authorized Personnel:

Safety Precautions: Yes No; If yes, please describe:

Sample Information	Analysis Requested
BPL Lab Number: (to be filled in by BPL)	
Sample Description: (to be filled in by Requester)	
Sample Identification: (to be filled in by Requester)	
Sample Quantity/# of Containers: (to be filled in by Requester)	
Sample Storage Conditions: (to be filled in by Requester)	
<p>Does this sample require a SUITABILITY, VALIDATION or a FEASIBILITY OF THE TEST METHOD?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO _____ (Initial & Date). This must be checked for sample testing to proceed.</p>	