



S&N SPECIAL ANALYSIS WEST

REQUEST FORM

Date submitted:	
Client Name:	Report results to:
Client Address:	
	Email:
	Phone:
Reference # / Project Name:	Fax:

Payment options:	Sample disposition:
<input type="checkbox"/> Pre-pay	<input type="checkbox"/> Send sample(s) back via _____ Via U.S.mail -\$10 min.chg. If Fedex or UPS, provide Acct #:
<input type="checkbox"/> PO #:	<input type="checkbox"/> Dispose of sample(s) after 30 days
	<input type="checkbox"/> Store an add'l _____ months (Contact lab for pricing)

Send invoice to:
Client Name:
Attention:
Client Address:
Phone number:

Turnaround Time:	<input type="checkbox"/> Standard (14 Business Days)	<input type="checkbox"/> Accelerated (8 Business Days) +100% surcharge
	<input type="checkbox"/> RUSH2 (4 Business Days) +200% surcharge	<input type="checkbox"/> RUSH3 (1-2 Business Days) +300% surcharge

All Results will be provided by email. Please select if additional delivery method is needed.

Mail Fax () Other:

Item #	Description	Test(s) Requested	Anticipated Result/Value

Special Instructions: (goals, etc.)

