



SAMPLE SUBMISSION FORM

Send samples to: EAG Life Sciences c/o Rebecca Meyer
2662 Metro Blvd., Maryland Heights, MO 63043

REPORT TO: _____

P.O. NO.: _____ QUOTE NO.: _____

COMPANY: _____

STORAGE CONDITIONS REQUIRED:

ADDRESS: _____

15° to 30°C: 2° to 8°C: -10° to -25°C: < -70°C: OTHER: _____

PHONE : (____) _____

PLEASE INITIAL IF SPECIAL HANDLING IS REQUIRED

FAX: (____) _____

FOR CONTROLLED SUBSTANCE, PLEASE CIRCLE CLASS: I II III IV V
DEA REGISTRATION NO.: _____

EMAIL: _____

Sample Description	Lot Number (and any additional information required in Analysis report)	Analysis Requested/ Specifications	No. of Samples	Quantity of sample	EAG USE ONLY	
					Id No.	Storage Location

TESTING AUTHORIZED BY (please sign): _____ Date: _____

EAG USE ONLY

RECEIVED BY/DATE: _____

CLIENT NO.: _____

CONDITION: GOOD: DAMAGED: