



ANALYSIS REQUEST FORM

Request for R&D or QA/QC Testing

Date Shipped: _____

P.O. Number: _____

Tracking Number: _____

Lot Numbers: _____

Sample Type: _____

Sender

Sample Information

Company _____

Sample Description: _____

Address _____

Sampled By: _____

City _____

Date Sampled: _____

State _____ Zip Code _____

Total Number of Containers Sampled: _____

Contact Name: _____

Sampled At: _____

Phone Number _____

Container Numbers: _____

Fax Number _____

Samples Composited?

Email Address: _____

Requested By: _____

Turn Around Time: _____

Test To Be Performed	Testing Methodology	Requested	Comments
Pesticide Multi-residue Screen		<input type="checkbox"/>	
		<input type="checkbox"/>	
Assay for:		<input type="checkbox"/>	
Tests:		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Other:		<input type="checkbox"/>	
		<input type="checkbox"/>	

Guidelines:

- FDA OECD Other: _____
 EPA WHO

Signature of sender: _____

Sampled received at ADPEN by: _____ Date: _____

Comments/Conditions: _____