



# Q Laboratories, Inc.

## Sample Submission Form

1400 Harrison Ave. Cincinnati, OH 45214  
 Phone: (513) 471-1300 • Fax: (513) 471-5600  
 www.QLABORATORIES.com  
 • Email: qlabs@fuse.net

Customer Information			Date Submitted:		
Company Name:			Please check option(s) for receiving results (electronic documents will be in Adobe Acrobat (PDF) format).		
Technical Contact:			<input type="checkbox"/>	Fax to:	
Billing Contact:			<input type="checkbox"/>	Email to:	
Street Address:			<input type="checkbox"/>	Mailed to:	
City, State, Zip:			Is this a Research and Development project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone #:			Turnaround time requested: <input type="checkbox"/> Routine <input type="checkbox"/> Rush		
Purchase Order # (if applicable):			Q Labs Proposal # (if applicable):		
Sample #	Sample ID	Sample Type (Water, meat, swab, etc.)	Analysis to be Performed		Specifications
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Special Instructions:				Authorizing Signature	
Completed and signed sample submission form indicates agreement with Q Laboratories terms and conditions and authorizes Q Laboratories to perform the requested tests.					
Do you want your cooler returned? <input type="checkbox"/> Yes <input type="checkbox"/> No			Q Labs Use only:		QL Reference # _____
Do you need additional supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No					Date Received _____



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Sample #	Sample ID	Sample Type (Water, meat, swab, etc.)	Analysis to be Performed	Specifications
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				

Q Labs Use only:

QL Reference # \_\_\_\_\_

Date Received \_\_\_\_\_