



Q Laboratories, Inc.

Sample Submission Form

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

Customer Information			Date Submitted:		
Company Name:					
Report Results To:			Billing Contact (if different):		
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
Phone #:			Phone #:		
Please List option(s) for receiving results ONLY (electronic documents will be in Adobe Acrobat (PDF) format).			Purchase Order # (if applicable):		
Fax to:			Turnaround time requested: <input type="checkbox"/> Routine <input type="checkbox"/> Rush		
Email to:			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					
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. After testing is complete, samples will be placed into appropriate storage (e.g., refrigerator, freezer, dry storage) and held for a minimum of 30 days before discarded, unless otherwise dictated by the client.					
Do you want your cooler returned? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you need additional supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Supplies Needed _____		Qty: _____
Q Labs Use only:		QL Reference # _____	Date Received: _____		



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Sample #	Sample ID	Sample Type (Water, meat, swab, etc.)	Analysis to be Performed	Specifications
12				
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 _____