



Q Laboratories

Sample Submission Form

1930 Radcliff Dr. Cincinnati, OH 45204
 Phone: (513) 471-1300 • Fax: (513) 471-5600
 • www.QLABORATORIES.com
 • Email: office@qlaboratories.com

Customer Information			Date Submitted:		
Company Name:			Billing Contact (if different):		
Report Results To:			Billing Email:		
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
Phone #:			Phone #:		
<small>Please List option(s) for receiving results ONLY (electronic documents will be in Adobe Acrobat (PDF) format).</small>			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: _____		



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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				
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25				
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