

INVOICE INFORMATION		REPORT INFORMATION		PROJECT INFORMATION		TURNAROUND TIME (TAT)									
☐ Same as invoice information Company Name: _____ Contact Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____		Company Name: _____ Contact Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____		Quotation #: _____ P.O. #: _____ Project #: _____ Site Location: _____ Site #: _____ Sampled By: _____		☐ Regular TAT (5-10 days) PLEASE PROVIDE ADVANCE NOTICE FOR RUSH PROJECTS ☐ Rush TAT (Applicable Surcharge) ☐ 3-4 Days (25%)									
Sample Preparation Steps				ANALYSIS REQUESTED											
☐ pH Adjustment ☐ Sample Concentration ☐ Filtration/ Sterilization ☐ Sodium Thiosulfate ☐ DMSO suspension or dissolution (solid samples)				Rush Confirmation (Y/N): _____ Date Required: _____ LABORATORY USE ONLY <table border="1"> <tr> <td colspan="2">SAMPLE SEAL (Y/N)</td> <td rowspan="3">Temperature (°C) upon Receipt</td> <td rowspan="3">pH upon Receipt</td> </tr> <tr> <td>Present</td> <td></td> </tr> <tr> <td>Intact</td> <td></td> </tr> </table>				SAMPLE SEAL (Y/N)		Temperature (°C) upon Receipt	pH upon Receipt	Present		Intact	
SAMPLE SEAL (Y/N)		Temperature (°C) upon Receipt	pH upon Receipt												
Present															
Intact															
SAMPLES MUST BE KEPT COOL (< 10 °C) FROM TIME OF SAMPLING UNTIL DELIVERY TO EBPI Analytics															
SAMPLE IDENTIFICATION		DATE SAMPLED	TIME SAMPLED	# OF DILUTIONS	# OF REPLICATES	COMMENTS / SUPPLEMENTARY INSTRUCTIONS									
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
SUBMITTED BY: (Signature/Print)		DATE: (YYYY/MM/DD)	TIME:	RECEIVED BY: (Signature/Print)		DATE: (YYYY/MM/DD)	TIME:								
						Temp °C	COMPLETION								
							TECHNITIAN INITIALS								
							CLIENT CONTACTED (Y/N) Y								