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Southern Testing & Research Division
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 To Email us, visit our Website: www.southerntesting.com

STR# _____
 (For STR Use Only)

Sample Submission Form

Page ____ of ____

Please Fill Out All Applicable Items (except those marked STRL use only)

Company: _____

Date Submitted: _____

Contact: _____

STR CONTACT: _____

Address: _____

STR Quote No: _____

C, S, Z: _____

Phone: _____ FAX # _____

Turnaround Time Requested (Place X on line for selection)	Surcharge
<input type="checkbox"/> Standard (2 weeks or less)	None _____
<input type="checkbox"/> Rush (3-5 work days)	50% _____
<input type="checkbox"/> Emergency Rush (1-2 work days)	100% _____

Invoice Address _____
 (If different from above)

Method of Payment:
 PO # _____ Visa/MC # _____ Exp/Date: _____ Check: _____
 (Circle Visa or MC)

Ship All Samples: Attention Sample Administration

Storage Requirements (place X on line) _____ Room Temp. _____ Refrigerate _____ Freeze _____
 Special handling Instructions (Place X on line of all that apply): _____ NA _____ Controlled Substance _____ Hazardous (include MSDS) _____
 Other _____

Special Instructions (include method, # of replicates, compositing instructions, etc. as applicable): _____

Sample Type (ex: food, solvent, powder, soil, water)	Client Sample ID/Name	Total # Containers	Analyses Requested (please include Catalog #'s)	Method Detection Limit Required (units)	Expected Concentration in Sample	STR # (for STR use only)

Submitted by: _____
 (Signature)

Additional Information: _____

Condition Upon Receipt: _____
 (STR use only)

Received by: _____
 (STR use only)

Date/Time Received: _____
 (STR use only)