

# Microbac Laboratories, Inc.

## Southern Testing & Research Division

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### Sample Submission Form

#### TOBACCO ANALYSIS

STRL # \_\_\_\_\_  
(for STRL use only)

Page \_\_\_\_\_ of \_\_\_\_\_

**All Items (except those marked STRL use only) must be filled out prior to submitting samples**

Client Contact: \_\_\_\_\_  
(Send Results to)  
Company: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
FAX # \_\_\_\_\_  
Invoice Address \_\_\_\_\_  
(If different from above) \_\_\_\_\_

Date Submitted: \_\_\_\_\_  
Purchase Order No: \_\_\_\_\_  
STRL Quote No: \_\_\_\_\_

**Turnaround Time Requested** **Surcharge**  
(Place X on line for selection)

- Normal (10 - 15 work days or as quoted) None \_\_\_\_\_
- Rush (5 - 10 work days) 50% \_\_\_\_\_
- Emergency Rush (1-2 days) 100% \_\_\_\_\_

STRL Contact: \_\_\_\_\_

**Ship All Samples: Attention Sample Administration**

Total Number of Samples Submitted: \_\_\_\_\_ { Storage Requirements Room Temp(Default), or Refrigerate \_\_\_\_\_ Freeze \_\_\_\_\_ }

Specify Any Special Reporting Instructions (e-mail, Fax, DHL/FedEx) \_\_\_\_\_ Use Special Report Format ? (Attach Format) \_\_\_\_\_

Special Testing Instructions (if different than STRL standard method) \_\_\_\_\_

STRL # <small>(for STRL use only)</small>	Tobacco Sample Origin & Type <small>(ex: Brazil/Burley)</small>	Client Sample ID/Name	Total # Container	Analyses Requested please include Catalog #'s	Method Detection Limit Required <small>(units)</small>

Condition Upon Receipt: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
(Signature)

Additional Information: \_\_\_\_\_ Received by: \_\_\_\_\_  
(STRL use only)

\_\_\_\_\_ Date/Time Received: \_\_\_\_\_  
(STRL use only)

These Samples are submitted in accordance with Southern Testing's Terms & Conditions

**STRL USE ONLY**

Initial Review (SA Dept.) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Second Review (AGR Dept.) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Final Rev (Management) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_