



ALG-East Sample Submittal Form

Date:

Authorized By:

PO #:

Send Report To:

Name:

Company:

Street Address, City, State ZIP:

Sponsor (Contact Person):

Phone #:

Email:

Bill Information (if different):

Name:

Company:

Street Address, City, State ZIP:

Sponsor (Contact Person):

Phone #:

Email:

Name & Lot/Batch #

(exactly how it should appear in final report)

Test Substance Name	Lot/Batch #	Expiration Date	Lot/Batch #	Expiration Date

11-11FORMSAMPLESUBEPDF-032019-2



ALG-East Sample Submittal Form

For ALG-East Use Only

Project:

Samples Received By:

Date:

Book:

Page:

Is this a controlled substance? Yes No Class:

Sample Storage Conditions Yes 2-8°C Frozen

Sample Handling Instructions, Explain:

(Hazardous, Flammable, Light Sensitive, etc.)

Special Instructions / Comments