Vanguard Laboratory

Sample Submission Form

Customer Information										
Technical Contact:										
Invoicing Contact:					Electronic documents will be provided in Adobe Acrobat (PDF) format.					
Company Name:										
Phone:					Fax to:					
Street Address:					E-mail to:					
City, State, Zip:					Mailed:					
Purchase Order #:					Turn around time requested: Routine Expedited					
	С	ompleted and signed samp	le submission form indicates agreement v	vithlaboratory terms and conditions and authorizes the lab to perform the requested analysis.						
Item #	Customer Sample ID	Sample Type	Analyses Re	quested		Date & Time of Sample Collection	Comments Sample Vo		Sample Volume	
						"				
					describe):		Date/Time Sample(s) Relinquished:			
Customer Special Instructions:							Authorized Signature:			
Lab Use Only Lab Project #:					Sample Receipt					
Date/Time Received: Due Date/Time:					Temp °C		Received By (print):			
Notes:					Seals Intact Y	N N/A	Received By (sign):			
					Damaged 🗌 Y 📗					