

***Denotes Required Field**

Analytical Contact: *(Mailing Address for Final Report)*

*Company:
 *Contact Name:
 *Mailing Address:
 *City, State, Zip:
 *Phone:
 Quote #:
 *Email:
 *Industry:

Would you like analysis performed similarly to a past project? Yes

If so, please list **project #** OR **report #**

*What is the problem you would like solved?

***Please attach any methods you would like followed.**

Billing/Invoice Contact: *(*Hard Copy of PO Required)*

*Company:
 *Contact Name:
 *Email:
 *Billing Address:
 *City, State, Zip:

***PAYMENT OPTION IS DUE PRIOR TO PROJECT INITIATION.**

**Please attach hard copy of Purchase Order*

*PO Number:

Request Invoice for Prepayment/Credit Card Payment

Accounting Contact: Donna Schultz, accounting@impactanalytical.com or call 855-427-6583, ext 565

*Project Priority (not applicable for GXP projects)	Rush - 2 days (w/applicable surcharges)	Expedited - 5 days (w/applicable surcharges)	Standard
	Yes	No	

Are these samples regulated by the FDA or EPA?

Is it cGMP? Is it GLP?

If so, which regulations?

Litigation check if yes,
add'l information

Storage Temp.

Ambient < 0 to 8 deg. C < 0 deg. C < -65 deg. C

***Sample Return
(check if yes)**

Sample Type
(SDS must be included with samples)

Hazardous

Non-Hazardous Type:

Controlled Substance Schedule:

Please provide FedEx or UPS (CIRCLE ONE) acct # if Samples are to be returned. (check sample return field)"

Any other information we should know about your samples:

Samples received Mon-Fri during normal business hours. SDS required, when applicable, to start project.

-----Below To Be Completed by IA Staff -----

This form also available online at www.impactanalytical.com/sample-submission.aspx. Please use multiple forms if more than 5 Samples. ALL Samples will be disposed of 30 days following project completion, unless a form of return shipping is provided.

This form must be submitted with sample shipment. Email submissions are also accepted with .pdf form.

***Sample Description**

Sample ID

Test/Analysis Requested

STORAGE TEMP

***Sample Return**

Ambient < 0 to 8 deg. C < 0 deg. C < -65 deg. C **(check if yes)**

Sample Type

(SDS must be included with samples)

Hazardous **check if yes**

Non-Hazardous

Type:

Controlled Substance Schedule:

Please provide FedEx or UPS (CIRCLE ONE) Acct #, if Samples are to be returned. (Check sample return field)

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IA Representative-Signature of Receipt of Sample

Date Received at IA