

**\*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?

**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:** **Karmen Sanders, [accounting@impactanalytical.com](mailto:accounting@impactanalytical.com) or call 855-427-6583, ext 565**

**\*Project Priority**              Rush - 2 days              Expedited - 5 days              Standard  
(not applicable for GXP      (w/applicable surcharges)      (w/applicable surcharges)

**Are these samples regulated by the FDA or EPA?**                          **Yes**                  **No**

Is it cGMP?                          Is it GLP?

If so, which regulations?

Litigation                          check if yes,  
add'l information

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

<b>*Sample Description</b>	<b>Sample ID</b>	<b>Test/Analysis Requested</b>	<b>Storage Temp.</b> Ambient   < 0 to 8 deg. C   < 0 deg. C   < -65 deg. C
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**\*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](http://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**