



SAMPLE SUBMISSION FORM

WWW.IMPACTANALYTICAL.COM

*Denotes Required Field

Ship all samples and completed form to:

1940 N. STARK ROAD

MIDLAND MI 48642

PH: 855.427.6583

IASample@element.com

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

ACH/Check

* PO Number:

Credit Card - *3% fee added

Accounting Contact: Angela Dodge, angela.dodge@element.com, 855-427-6583 ext. 607

*Project Priority

(not applicable for GXP projects)

Rush - 2 days

(w/applicable surcharges)

Expedited - 5 days

(w/applicable surcharges)

Standard

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.

*Sample Description

Sample ID

Test/Analysis Requested

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 EMT Staff

This form also available online at www.impactanalytical.com/sample-submission.aspx. 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.



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ADDITIONAL SAMPLES

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IASample@element.com

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)

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

Any other information we should know about your samples:

-----Below To Be Completed by EMT Staff

This form also available online at www.impactanalytical.com/sample-submission.aspx. 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.

Representative-Signature of Receipt of Sample

Date Received at Facility