

AT ANALYTICAL TESTING LABORATORY CO., INC.

Send Results To:	Invoice To (If Different)	Date Submitted:	
Attn:	Attn:	P.O.:	
Company:	Company:		
Address:	Address:		YES NO
Phone:	Phone:	Faxed:	
Fax:	Fax:	Mailed:	
Email:	Email:	E-Mail:	

Sample Number (LAB ONLY)	Date Collected:	Sample Identification	Sample Code/Lot ID	Analysis Requested

NOTES:

Laboratory Use Only:	Date:	Condition:	Customer Release (Sign/Date)
Received By:		Frozen Refrigerated Ambient Hot Delayed Damaged	