ultimatelabs
helping you save lives

SUBMISSION FORM

FOR ULTIMATE LABS USE ONLY	
Test Sample Date:	
Test Sample Code:	
RUSH	☐

(Use Additional Sheets as Necessary) ***Page _____ of _____***

Client Information

This information will be used for reporting.

Contact:		**E-mail Report To:**	
Company:		**E-mail Report To:**	
Street Address:		**E-mail Report To:**	
City, State, Zip:		**E-mail Report To:**	
Phone No.:		**P.O.#:**	

Test Sample Information

Describe the Sample (Part No., Lot No.) and/or Special Processing Instructions

This information will be used for reporting.

Testing Information

This information will be used for reporting and invoicing.

Acceptance criteria is for information only (FIO), unless otherwise noted.

Test Sample Type (Check)	☐ EM	☐ WTR	☐ MIC	☐ FD	☐ OTHER

Test Code	Sample ID	Acceptance Criteria	Comments

Submission

All samples are disposed of two weeks after results report is issued, unless otherwise noted.

Client: _____ **Date:** _____

Ultimate Labs: _____ **Date:** _____

5940 Pacific Mesa Court, Suite 209 San Diego, CA 92121
www.ultimatelabsinc.com| pickup@ultimatelabsinc.com | 858-677-9297