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.)

This information will appear on the report.

☐ NA

Special Instructions

Describe the Sample Processing Instructions

☐ NA

Testing Information

This information will be used for reporting and invoicing.

If no acceptance criteria is indicated, it will be reported as for information only (FIO)

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:** _____

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