



LSAI LABS, LLC Sample Submission Sheet

Ship Samples to: Sample Management, 8444 Castlewood Drive, Ste 800, Indianapolis, IN 46250/ T:(317) 284 1033, admin@lsailabs.com

Client Information:		Billing Information:		Sampler's Name:		LSAI Quote#		Page __ of __		
<i>Company Name</i>						LSAI PO#		LSAI Comments: • Samples Received on Ice: Yes/No • Cooler Temp: _____°C • Samples Receipt intact? Yes / No • Comments:		
<i>Contact Name</i>						Sampler's Signature:				Sample Integrity Notes
<i>Address</i>				Shipping Method: Drop-off / Picked / UPS / FedEx / Other:						
<i>City</i>										
<i>State & Zip</i>										
<i>Phone Number</i>		TAT: Standard (7-10 business days) Rush: Same day/1 day /2 day /3 day								
<i>Contact Email</i>										
<i>Reporting Email</i>										
<i>Project ID</i>										
<i>Site Location</i>		<i>Note: Rush TAT will incur a surcharge</i>								
Which Regulations Apply: USEPA / RCG / STATE / USDA / FDA / Other:						Requested Tests				LSAI Info
Fill by Client										LSAI ID
<i>Sample ID</i>	<i>Sample Description</i>	<i>Special Instructions / Reporting Comments</i>								
Samples Submitted by		Date	Time	Samples Received By		Date	Time	Comments:		
1										
2										