

## SIGNED FORM AND PURCHASE ORDER MUST ACCOMPANY SAMPLES

### CLIENT SECTION I : CONTACT INFORMATION

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ANALYTICAL CONTACT		BILLING/INVOICE CONTACT	
Company:		Company:	
Name:		Name:	
Mailing Address:		Mailing Address:	
City, State, ZIP		City, State, ZIP	
Phone:		Phone:	
FAX:	<input type="checkbox"/> Preferred	FAX:	
Email:	<input type="checkbox"/> Preferred	Email:	
Industry:		Quote #:	
<b>SIGNATURE:</b>		<b>PO# or Card# &amp; Exp Date:</b>	

### CLIENT SECTION II : PROJECT INFORMATION

<b>Project Classification:</b> <input type="checkbox"/> cGMP* <input type="checkbox"/> Litigation	<b>Project Priority (Subject to Availability):</b> <input type="checkbox"/> Standard (prelim. data in 10 business days) <input type="checkbox"/> 50% RUSH** (prelim. data in 6 business days) <input type="checkbox"/> 100% RUSH** (prelim. data in 2 business days)	<b>Sample Return:</b> <input type="checkbox"/> Yes** <input type="checkbox"/> No	<b>Sample Type Analyzed Before:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Previous PTL Project #: _____  PTL Test Method: _____
<b>Special Instructions:</b>			

### CLIENT SECTION III : SAMPLE INFORMATION

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Sample Type (Please Include MSDS)	Sample ID (Please list individually)	Analysis Type	Sample Classification:
			<input type="checkbox"/> Normal <input type="checkbox"/> Hazardous (DOT)** <input type="checkbox"/> DEA Schedule II – V** <input type="checkbox"/> ATF Regulated*
			<b>Sample Storage:</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Light Sensitive

\* Please note that all analyses will be conducted according to **non-cGMP** procedures unless otherwise specified

\*\*Surcharges/Fees Apply

*By submitting samples to PTL you agree to the terms of payment for services provided, including additional charges and legal fees for late payment or non-payment. In no event shall PTL be liable to client for any indirect, special or consequential damages or lost profits arising out of or related to services performed or to be performed by PTL as described herein. PTL's liability to client hereunder, if any, shall in no event exceed the total amount paid to PTL hereunder. The agreement between PTL and the client shall be deemed to have been performed in its entirety in the State of Illinois and shall be interpreted in accordance with the laws thereof.*

### PTL SECTION : FOR OFFICE USE ONLY

Samples Received:	Via:	By:
SSF/PO Received:	Via:	By:
Return COC:	Hazardous:    Yes    No	ATF:    Yes    No
Due Date:	PTL Project#:	