

SIGNED FORM AND COPY OF PURCHASE ORDER MUST ACCOMPANY SAMPLES

ANALYTICAL CONTACT (Mailing Address for Final Report)				BILLING/INVOICE CONTACT (Hard Copy of PO Required)			
Company:				Company:			
Contact Name:				Contact Name:			
Mailing Address:				Phone:			
City, State, ZIP:				Email:			
Phone:				PO# or Credit Card #:			
FAX:			<input type="checkbox"/> Preferred	Exp. Date:			Security Code:
Email:			<input type="checkbox"/> Preferred	Name on Card:			
Industry:			Quote #:	Billing Address (CC Statement):			
SIGNATURE:				City, State, ZIP:			

cGMP*: <input type="checkbox"/> Yes (5% Surcharge) <input type="checkbox"/> No	Project Priority (Subject to Availability): <input type="checkbox"/> Standard (prelim. data in 10 business days) <input type="checkbox"/> 50% RUSH / 50% Surcharge (prelim. data in 6 bus. days) <input type="checkbox"/> 100% RUSH / 100% Surcharge (prelim. data in 2 bus. days)
Litigation: <input type="checkbox"/> Yes (Add'l Fees May Apply) <input type="checkbox"/> No	Special Instructions:
Sample Return: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>\$45 Min. Shipping & Handling Fee</small>	
Similar Material Submitted Before: Previous PTL Project #: _____ PTL Test Method #: _____	

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

Material Name (MSDS Required)	Sample ID (Please list individually)	Analysis Requested

Sample Classification:
<input type="checkbox"/> Normal
<input type="checkbox"/> DEA Schedule II – V**
<input type="checkbox"/> ATF Regulated** <small>**25% Surcharge</small>
HMIS Health/Reactivity ratings 3 or higher subject to 25% Hazmat Surcharge
HEALTH
FLAMMABILITY
REACTIVITY
Sample Storage:
<input type="checkbox"/> Ambient
<input type="checkbox"/> Refrigerator
<input type="checkbox"/> Freezer
<input type="checkbox"/> Light Sensitive

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. See Service Policies for further information.

PTL SECTION: FOR OFFICE USE ONLY

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