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REQUEST FOR ANALYSIS

Purchase No: _____

Sample Name: _____

Sample Lot No: _____

Amount of Sample: _____ grams / mL / oz.

Send Report to:

Attn: _____

Company _____

Dept. _____

Address _____

Tel: _____

Fax: _____

Email _____

Fax the report. (No email)

Send Invoice to: (same address

Attn: _____

Company _____

Dept. _____

Address _____

Tel: _____

Fax: _____

Email _____

Mail the invoice. (No email)

Test Request: (Please specify all applicable testing ranges)

Sample: Bulk Finished Raw

Type of Sample Service: Regular (5 Days) Micro: Rush 48 Hours

Rush 12 Hours Rush 24 Hours Rush 2 Days Rush 3 Days

Approved by:

Name _____ Signature _____ Date _____

Additional Information: (special storage conditions, etc.) _____

