

**Chemistry Sample CHAIN OF CUSTODY**



**Microconsult, Inc.**

Phone (972) 250-2902 \* Fax (972) 250-2903

[www.microconsultinc.com](http://www.microconsultinc.com)

Microbiology & Chemistry Testing Laboratory \* 3218 Commander Drive Suite 100, Carrollton, TX 75006

**PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH SAMPLE. One sample per form required.**

Actives and/or test	Amount/Range (% , ppm, etc)	Specification (if no range listed)
		<input type="checkbox"/> ±10% <input type="checkbox"/> Report Result Only <input type="checkbox"/> Other:
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**PRODUCT NAME:** \_\_\_\_\_

**SAMPLE SIZE:** \_\_\_\_\_ **LOT/FORMULA No.:** \_\_\_\_\_

**SPECIAL HANDLING**  N/A    other: \_\_\_\_\_

**Sample Type:**    Finished Product    In Process/Compounding    Stability- Interval:  
 Environmental    Validation    R & D    Raw Material (Attach C of A)

**BILL TO:** PO/Reference No.: \_\_\_\_\_

Bill to different address/company than listed:

**SAMPLE RETURN:**  YES    NO

*Microconsult Inc. is not responsible for retain samples.  
 Samples will be discarded 60 days after result is reported.*

**COMMENTS:** \_\_\_\_\_

**Time/FEES:**

STANDARD

RUSH 24 HR    RUSH 48 HR    RUSH 72 HR

**RUSH SAMPLES MUST BE RECEIVED BEFORE 12 NOON  
 TO BE CONSIDERED & PROCESSED FOR THAT DAY.**

*Turn-around times for test results are subject to laboratory sample volume and ARE NOT GUARANTEED. You will be notified if delays are expected. Contact us for more details about our rush sample policy.*

**Customer Release Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED FOR TESTING TO BE INITIATED**

**Customer Reviewer/ Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>COMPANY:</b>		<b>CONTACT:</b>
<b>PHONE:</b>	<b>FAX:</b>	<b>EMAIL:</b>
<b>ADDRESS:</b>		

**DO NOT write below - FOR LAB USE ONLY**

Color:	State:	Chemistry Lab No:
Date Sample Received:		Analysis/Method Required:
Entered in Database By/Date:		
Reviewed By/Date:		
Reviewed By/Date:		