

Sample Submission Form

For EFCTDM
Use Only:

Customer ID:

Sample Set #:

Temp at Receipt:

°C

Client Contact Information

Name:	Customer ID:
Company:	Fax:
Address:	City, State, Zip:
Phone:	Primary Email:
Additional Copies Emailed to:	

Billing Information

Same as Above

Name:	PO# (ALL CAPS):
Address:	Company:
Phone:	City, State, Zip:
Email:	Fax:

Service/Fees

Standard (5 Business Days) – List Price Rush (2 Business Days) – List Price + 100% Surcharge Rush (1 Business Days) – List Price + 200% Surcharge Same Day – List Price + 400%

Return Sample(s) Shipping Account #:

Return Shipping Container/Cooler Shipping Account #:

Export

Testing for Export of Food Products? Yes No

Export Country/Countries:

Composite Yes No

Special Instructions/Comments

Results will be sent via email in PDF format unless otherwise instructed

Ship samples with this completed form to:

Eurofins Food Chemistry Testing Des Moines, Inc., 1555 Three Place, Memphis, TN 38116-3507
Phone: (901) 332-1590 | Fax: (901) 398-1518 | balabs.com

Customer ID:	Sample Set #:	Temp at Receipt:	°C
--------------	---------------	------------------	----

Sample Product
(Must be Completed)

Sample Identification
(Example: Feed Lot 257)

Analysis Requested
(Example: Moisture)

Specification (if known)
(Example 5-10%)

Sample Product (Must be Completed)	Sample Identification (Example: Feed Lot 257)	Analysis Requested (Example: Moisture)	Specification (if known) (Example 5-10%)