



CAL Sample Analysis Request Form

Submitted by			Report to		Bill to					
Contact, Company, Address, Phone, Fax, Email			Contact, Company, Address		Contact, Company, Address, Phone					
Client Code:			Email To:		Email To:					
Eurofins Quote #:			CC on email:		PO #					
Date / Time Received: CSR Received b)y:	Courier: Temperature			e of samples upon receipt:			
Sample Description e.g., com, soy, cookie, pet food, food supplement This will appear on the Report of Analysis	Client Sample Code e.g., Barge #, Lot #, Production Date, Lab # This description will appear on the Report of Analysis	Sample R Additional Info will appear on Analysis		Type of Test Requested e.g., Pesticides, Drug Residues (Test Code and Test Name	if Available)	Standard	Rush Service	Expected levels (Recheck Charges May Apply)	For ECAL use only	
Special Instruction	ns:									

Telephone +1 504 297 3400 Fax +1 504 297 3410