

Peak Analytical, Inc.

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SAMPLE SUBMISSION FORM

Please include this form with samples (please print)

Today's date:	Gamma Program number:	Purchase order number:	
Date results are required:		Price:	
COMPANY INFORMATION (OR INCLUDE BUSINESS CARD)			
Company name:	Contact for report:		
Phone number:	Fax number:	Email address:	
Street address:			
P.O. box:	City:	State:	ZIP Code:

DESCRIPTION OF WORK REQUESTED

Sample #	Technique	Sample/Reference description (used in final report)	Objective of analysis

Comments, including special billing, safety precautions, estimated sample value:

REPORTING

(STANDARD TURNAROUND FOR RESULTS ARE 5 WORKING DAYS AFTER RECEIPT OF SAMPLE)

<input type="checkbox"/> No report (data only or Gamma Program reference spectra)	<input type="checkbox"/> Standard turnaround	<input type="checkbox"/> <48 hour (50% added)	<input type="checkbox"/> <24 hour (100% added)
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DISPOSITION OF SAMPLES AFTER ANALYSIS

(NORMAL POLICY IS TO RETAIN SAMPLES FOR 3 MONTHS IN CASE ADDITIONAL WORK IS REQUIRED, AT WHICH TIME THEY WILL BE PROPERLY DISPOSED OF)

<input type="checkbox"/> Discard samples after 3 months	<input type="checkbox"/> Return samples after analysis * Include Contact:	<input type="checkbox"/> Forward samples on to: * Include Chain of Custody Form
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* extra charge

Authorization Signature: _____

Date: _____