



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 em	ıail:	PO#					
Date / Time Recei	ved: 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 Reference This will appear on the Report of Analysis		Type of Test Requested e.g., Pesticides, Drug Residues (Test Code and Test Name	Name if Available)		Rush Service	Expected levels (Recheck Charges May Apply)	For ECAL use only	
Special Instruction	ons:									

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