

### SAMPLE SUBMISSION FORM

Date Submitted \_\_\_\_\_

Service Requested

- Regular                      5 business days  
 Emergency                      2 business days                      (100% Surcharge)

Additional Requirements:
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Client Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Quote Number \_\_\_\_\_

PO Number \_\_\_\_\_

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No.	Product Name	Lot Number	Other Identification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

LABS-MART USE ONLY	
Shipment ID	
Received By	
Date Received	
Date Due	
Payment Ref. No.	

Accreditation Required <input type="checkbox"/> ISO 17025*; <input type="checkbox"/> GMP*; <input type="checkbox"/> None *ISO17025 Edmonton microbiology USP <2021>, <2022> *GMP Edmonton Facility
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\*\*Please note samples submitted to Labs-Mart Inc. facilities may require the use of approved sub-contractor facility to complete requested analysis. This will be indicated on the COA.  
 \*\*\*Please include unit of specification