

Client Information (or attach business card):

Company name: _____
Client name: _____
Address: _____
Dept./Mail Stop: _____
City/State/ZIP _____
Phone: _____ Fax: _____
Other contact no. (cell, pager): _____
email: _____

Date: _____
EAG job no. (if known): _____
Estimated cost of work (if known): _____
Purchase order number: _____
Please attach a copy of the PO to this form or email a soft copy to PO@eag.com
Release number (if applicable): _____
Is this your first EAG analysis? Yes No

DESCRIPTION OF WORK REQUIRED

Total # of Samples: _____ Details or photos attached

Description of Analysis: _____

Purpose of work: _____

 Similar to other work? (description and previous EAG job no.) _____
 Please have a technical advisor call to discuss analysis: _____

DISPOSITION OF SAMPLES AFTER ANALYSIS

NOTE: EAG Laboratories' default policy is to retain samples for eight weeks in case further analysis is required. The samples will then be discarded, unless you have requested their return.

Return samples immediately after analysis Return after storage period Discard after storage period
 Other sample handling requirements _____

DELIVERY PRIORITY

Standard turnaround Priority 2 (+50%) Priority 1 (+100%) Next in queue (+200%)

**PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR SAMPLES AND
SUBMIT THE FORM ONLINE AT www.eag.com/contact/ OR VIA EMAIL AT info@eag.com**