

EAG Laboratories

Client Information (or attach business card):

Company name:	_ Date:
Client name:	
Address:	Estimated cost of work (if known):
Dept./Mail Stop:	Purchase order number:
City/State/ZIP	
Phone: Fax:	Release number (if applicable):
Other contact no. (cell, pager):	Is this your first EAG analysis? □ Yes □ No
email:	
DESCRIPTION	F WORK REQUIRED
Total # of Samples:	
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: Eurofins EAG Laboratories' default policy is to retain samp The samples will then be discarded, unless you have requ	les for eight weeks in case further analysis is required.
□ Return samples immediately after analysis □ Return after sto	rage period Discard after storage period
Other sample handling requirements	
DELIVERY PRIORITY	
□ Standard turnaround □ Priority 2 (+50%) □ Pr	iority 1 (+100%)
PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR SAMPLES AND	
SUBMIT THE FORM ONLINE AT <u>www.eag.com/contact/</u> OR VIA EMAIL AT <u>info@eag.com</u>	