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Bear Creek NC 27207
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SAMPLE SUBMISSION FORM

Page _____ of _____

Send Results To:		Invoice To: (If Different)		Date Submitted:										
Attn		Attn		P.O. #										
Company:		Company:		Quote #:										
Address:		Address:		CAS Contact:										
Phone:		Phone: ()		Results are to be: (Check all that Apply)										
E-mail:		E-mail:		<table border="1"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>E-MAILED</td> <td></td> <td></td> </tr> <tr> <td>MAILED</td> <td></td> <td></td> </tr> </table>			Yes	No	E-MAILED			MAILED		
	Yes	No												
E-MAILED														
MAILED														

All Invoices are to be paid 30 days from date of Invoice

CAS Laboratory #	Customer #
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CAS #	Sample Identification / Description	Analysis Requested <small>(UNLESS PRIOR ARRANGEMENTS ARE MADE. SAMPLES ARE HELD FOR 30 DAYS ONLY)</small>	Special Instructions

LABORATORY USE ONLY	Condition Received: (circle all that apply)
Received By:	Frozen Refrigerated Ambient Hot
Date:	Good Poor Damaged Delayed in Shipping

Customer Release (Sign & Date)

*Please note, results are only representative of the sample submitted.
See website for liability disclaimer.

Use Additional Forms If Necessary