



## Sample Submission Form

Doc #	F107
Rev	2
Effective	5/5/2022
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Client Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 License #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

Sample Name:		Collection Date:		Test Code(s)	Priority <sup>†</sup>
Sample Lot:		Sample Type:			
		Unit Size:			

  

Sample/Strain Name:		Collection Date:		Test Code(s)	Priority <sup>†</sup>
Sample Lot:		Sample Type:			
		Unit Size:			

  

Sample/Strain Name:		Collection Date:		Test Code(s)	Priority <sup>†</sup>
Sample Lot:		Sample Type:			
		Unit Size:			

  

Sample/Strain Name:		Collection Date:		Test Code(s)	Priority <sup>†</sup>
Sample Lot:		Sample Type:			
		Unit Size:			

  

Sample/Strain Name:		Collection Date:		Test Code(s)	Priority <sup>†</sup>
Sample Lot:		Sample Type:			
		Unit Size:			

† - S – Standard Processing (3 – 5 Business Days)

P – Priority Processing (1- 3 Business Days) + \$25 per sample

E – Expedited Processing (Same Day Results) + \$100 per sample **MUST CALL PRIOR TO SUBMITTING SAMPLE**

This form **MUST** accompany your samples upon arrival to APRC. Failure to fill out a sample form will result in your sample not being tested until you do so.

Sample Receipt (for lab use only)					
Received by: (Sign and Print)		Date:		Time:	