



Sample
Submission Form

Doc #	F107
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Client Name: _____
Contact Name: _____
License #: _____
Address: _____

Phone: _____
Email: _____
Date Submitted: _____

Sample Name:	Collection Date:	Test Code(s)	Priority [†]
Sample Lot:	Sample Type:		
	Unit Size:		
Sample/Strain Name:	Collection Date:	Test Code(s)	Priority [†]
Sample Lot:	Sample Type:		
	Unit Size:		
Sample/Strain Name:	Collection Date:	Test Code(s)	Priority [†]
Sample Lot:	Sample Type:		
	Unit Size:		
Sample/Strain Name:	Collection Date:	Test Code(s)	Priority [†]
Sample Lot:	Sample Type:		
	Unit Size:		
Sample/Strain Name:	Collection Date:	Test Code(s)	Priority [†]
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: