SAMPLE SUBMISSION FORM

COMPANY INFO:	DATE:
	P.O. #
	Please Send Report, Invoice and Other Correspondence to:
	E-Mail Address:
Please perform the following test(s):	[check applicable item(s)]
14 Day PC* with Consulting Summa 28 Day PC with Consulting Summa Extended PC with Consulting Sum	ary

Sample Name	Batch/Lot	Date	Preservative	Units

Submitted by:							
Special Instructions/Comments:							