

SAMPLE SUBMISSION FORM

Contact Name: _____	PO Number: _____	Date: _____
Company: _____	Invoice Contact: _____	Report Results to (e-mail): _____
Mailing Address: _____	Billing Address: _____	_____
Phone: _____	Billing Phone: _____	_____
Email: _____		

Sample Description	Lot Number	Analysis Requested	Specification <small>(≥, ≤, Range, Report)</small>	Reportable Units <small>(%, ppm, g/mL)</small>	Serving Size	Matrix Code	Storage Code	Handling Code	Turnaround Time**	Sample previously tested at Dyad?	Dyad SID <small>(Laboratory Use Only)</small>
<i>Example</i>	<i>Example123</i>	<i>Caffeine</i>	<i>≥ 150</i>	<i>mg/serving</i>	<i>7g</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>Standard</i>		

****Note:** Rush fee applies if not standard turnaround time. Rush testing is accepted on a case-by-case basis. Please contact clientservices@dyadlabs.com for accommodation.

Sample Disposal (Select One)	Comments (enter any information if "other" was selected above):

***Specify in Comment section**

All fees or bills are charged directly to you, the Client, unless a third party has been authorized via a signed statement indicating payment responsibility, regardless of testing result (pass/fail). It is assumed that the paperwork submitted with a sample describes the testing desired. If changes are made after the originally requested testing is initiated or completed, the Client must accept payment responsibility. Please notify Dyad Labs immediately if changes in testing are necessary. Dyad Labs reserves the right to decline a rush request. TERMS & CONDITIONS found here: <http://dyadlabs.com/general-terms-and-conditions>
 In signing below, the Client accepts the above testing/billing responsibilities as well as the Labs' Terms and Conditions.

Client Use

Submitted by (Print Name):	Client Approval (Signature):	Date:

Dyad Labs Use Only

Received by (Initial/Date/Time):	Comments:
Reviewed by (Initial/Date):	