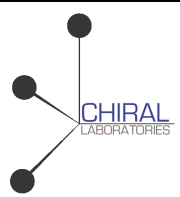


Chiral Laboratories – Sample Submission Form

SUBMIT TO:		FOR LABORATORY USE			
CHIRAL LABORATORIES 2M – 4476 Markham Street Victoria BC, V8Z 7X8 admin@chiral-labs.net		Project ID:	Cust ID:	Date Received:	Initials:
Sample Check-in					
Sample Integrity Checked: OK <input type="checkbox"/> Problem <input type="checkbox"/> (specify in remarks)			Temp on receipt: ____ °C		
All Samples Accounted for: YES <input type="checkbox"/> No <input type="checkbox"/> (specify in remarks)					
Samples Stored: Ambient <input type="checkbox"/> Fridge <input type="checkbox"/> Freezer <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____					

COMPANY INFORMATION				
Date Shipped:	Shipped Via:	Tracking #	PO#	
Company Name:		Report To:		
Street Address:		Report Format: (check all that apply) - email <input type="checkbox"/> FAX <input type="checkbox"/> hard copy mailed <input type="checkbox"/>		
City:	Prov:	Postal Code:	Email:	
Phone:	Fax:			
Form Completed By:				

SAMPLE INFORMATION				ANALYSIS INFORMATION		
Lab ID <small>(for lab use)</small>	Lot #	Sample Name/Description	Sample Type	Analysis Requested <small>(assay/marker; specific test method etc...)</small>	Specification <small>(units; target spec; lower/upper limts)</small>	Remarks