STRASBURGER & SIEGEL, INC.
Food Testing Laboratories

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SAMPLE SUBMITTAL FORM

Send Results to:	P.O. No.:	Send Invoice to: (If different from Results to)
Company Name:		Company Name:
Attention:	S&S Quote No. (if available)	Attention:
Address:		Address:
Date Submitted:	Submitted by:	
Telephone No.:		Telephone No.:
Fax No.:		Fax No.:
Email:		Email:
Client Contact Person for Questions:		Phone No.:

Sample Number	Sample Type and Identification (clearly label all of your samples with identification you want to see on the final report)	Analysis Requested

CHAIN-OF-CUSTODY (if necessary)

Method of Sample Shipment:

Sample Relinquished By	Time	Date	Sample Received By	Time	Date