MIDWEST MICROLAB

Business / Institution:	
Lab Group:	
Submitter Name:	
Submitter Phone:	
Results Email:	
Purchase Order #:	
Invoice Email:	
Invoice Phone :	
Invoice Billing Mailing Address:	

Sample Identification on Vial

Analysis Requested: _____

Requested Analysis – 1 Element Listed Per Box Below	Submitter Theory – Total % % Per Box Below		Please Checkmark the Box below for the Quantity of Runs Requested ☐ Single (x1) ☐ Duplicate (x2) ☐ Triplicate (x3) **Do NOT Mark in Red Box below.** ***** OFFICE USE ONLY *****		

Sample Information & Additional Service Below

Molecular Formula	
Air Sensitive - Glove Box Handling	**YES** ☐ **NO** ☐ ****Additional Glove Box Fee Associated****
RUSH Request: Per Run, Per Analysis	**YES** ☐ **NO** ☐ ****Additional RUSH Fee Associated****
Vacuum Drying: **YES** ☐ **NO** ☐	Temp: _____ **°C** Time: ____ Hr. ____ Min. ****Additional Dry Fee Associated****
Sample Return: **YES** ☐ **NO** ☐	Sample Return Address Below: ****Additional Return Fee Associated****

SAMPLE SHIPMENT ADDRESS:

MIDWEST MICROLAB

Midwest Microlab
7212 North Shadeland Ave.
Suite #110
Indianapolis, IN 46250
Phone: 317-849-6606
Email: info@midwestlab.com
Website: midwestmicrolab.com

Submitter Comments Below:

**** Office Use Only ****