

				Results Email:	
	Sami	ple Identification on Vial	7	Purchase Order #:	
	ĺ	•		Invoice Email:	
				Invoice Phone #:	
				Billing Mailing Address:	
An	alysis Reque	ested:			
		Please Checkmark the Box below	for the Quantity		
Requested Analysis –	Submitter Theory – Total %	of Runs Requested		Molecular Formula	
1 Element isted Per Box Below	% Per Box Below	Single (x1) Duplicate (x2) Trip Do NOT Mark in Red Box b ** OFFICE USE ONLY	below	Air Sensitive - Glove Box Handling	YES NO
				8	*Additional Glove Box Fee Associated
				RUSH Request: Per Run, Per Analysis	YES NO *Additional RUSH Fee Associated*
				Vacuum Drying:	Temp: °C
				YES NO	Time: Hr Min.
					Additional Dry Fee Associated
				Sample Return:	Sample Return Address Below:
				YES NO	
					Additional Return Fee Associated

Business /

Institution:

Submitter Name:

Submitter Phone:

SAMPLE SHIPMENT ADDRESS:



Midwest Microlab
7212 North Shadeland Ave.

Suite #110

Indianapolis, IN 46250
Phone: 317-849-6606
Email: info@midwestlab.com
Website: midwestmicrolab.com

Subm	ittor	Com	mantc	Ral	OW
Subm	muer	Com	ments	Dei	OW.

*** Office Use Only ***

Phone: (317) 849-6606 Fax: (317) 849-8534 Email: info@midwestlab.com WEBSITE: midwestmicrolab.com