**SAMPLE SUBMISSION FORM**

|  |  |
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| **Sponsor (Send report to)** | **Billing (send invoice to) Same as sponsor** [ ]  |
| **Name:**  | **Name:**  |
| **Company:**  | **Company:** |
| **Email:**  | **Email:**  |
| **Phone:**  | **Phone:**  |
| **Street address:** | **Street address** |
| **City, State, Zip:** | **City, State, Zip:**  |

|  |  |
| --- | --- |
| **Quote Number:** | **PO Number:** |

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| **Sample information** |
| **Sample Name** | **Sample Description** | **Biohazard (Y/N)** | **Notes** | **CSI notes** |
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|  |  |  |  |  |
| **Storage conditions: Frozen** [ ]  **Refrigerated** [ ]  **Other:** |

|  |
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| **Special instructions:** |

**Sponsor’s Authorization Signature: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CSI USE ONLY** | Customer ID | Job ID/Project ID |
| Date/time received: | Due date/time:  |
| Received By:Signature | **CSI notes:­** |