**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:­** | |