



**Note: Please contact us if you need assistance in completing the form below.**

Date:  Company Name:  Contact Name (to send results and invoices to):

Phone:  Address:

PO:  NJL Quote #:  Email:

STORAGE CONDITION	CONTROLLED SUBSTANCE	SAMPLE DISPOSITION	TURN AROUND TIME
Store at Room Temp.	<p>Yes No</p> <p>DEA Schedule</p> <p><b>*I *II III IV V</b></p> <p><b>*A DEA 222 FORM MUST BE COMPLETED PRIOR TO SAMPLE SUBMISSION.*</b></p>	<p><b>Discard</b></p> <p><b>Pickup</b></p> <p><b>*Return</b></p> <p><b>*IF RETURNING PLEASE PROVIDE FEDEX / UPS ACCOUNT NUMBER.*</b></p>	<p>Standard: Up to 12 Business Days</p> <p><b>*Rush: (6 - 7 Business Days + 50% Fee)</b></p> <p><b>*Urgent: (3 Business Days + 100% Fee)</b></p> <p><b>*MUST BE PRE-APPROVED BY NJ LABS. PLEASE EMAIL IN ADVANCE. ONCE TESTING STARTS, FEES WILL BE APPLIED.*</b></p>
Store in Refrigerator			
Store in Freezer			
Store Away from Light			

SAMPLE NAME / SAMPLE SIZE SUBMITTED	LOT # <small>(One Lot Per Line)</small>	ANALYSIS REQUESTED <small>(One Test Per Line)</small>	METHOD <small>(USP Chapter#, SOP, etc.)</small>	TARGET/SPEC	NJL ID <small>(Lab Use Only)</small>	SERVING SIZE

**CLIENT AUTHORIZATION**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LABORATORY USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Sample Condition: \_\_\_\_\_

Comments: \_\_\_\_\_