



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>*I *II III IV V</p> <p>*A DEA 222 FORM MUST BE COMPLETED PRIOR TO SAMPLE SUBMISSION.*</p>	<p>Discard</p> <p>Pickup</p> <p>*Return</p> <p>*IF RETURNING PLEASE PROVIDE FEDEX / UPS ACCOUNT NUMBER.*</p>	<p>Standard: Up to 12 Business Days</p> <p>*Rush: (6 - 7 Business Days + 50% Fee)</p> <p>*Urgent: (3 Business Days + 100% Fee)</p> <p>*MUST BE PRE-APPROVED BY NJ LABS. PLEASE EMAIL IN ADVANCE. ONCE TESTING STARTS, FEES WILL BE APPLIED.*</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: _____