

CHEMICAL SOLUTIONS LABORATORIES, INC.

FILLING OUT SGSCSL's SAMPLE SUBMITTAL FORM

ANALYTICAL REPORT INFORMATION

Fill in all fields with the appropriate requested information. Provide the name of the person that should be listed on the analytical report in the Report Contact field.

INVOICING INFORMATION

Enter the information of the person and company responsible for processing the invoice from SGS Chemical Solutions Laboratories, Inc. Enter the PO # associated with this submission, if applicable.

SAMPLE SUBMISSION INFORMATION

MATRIX

Please select the type of sample that you are submitting. Only one type of sample (powder, liquid, etc,) should be submitted per form. Please submit a separate sample submittal form for each sample matrix.

TURNAROUND

Please indicate the desired number of business days for sample results to be transmitted to you. SGSCSL's standard turnaround time for routine sample analysis is 5 business days, not counting the day the sample is received. Rush testing is available. However, It is best practice to contact SGSCSL before the sample is shipped to be sure that a rush request can be accommodated.

ATTACHMENTS

Please indicate whether there are any additional documents accompanying the Sample Submittal Form.

ADDITIONAL QUESTIONS

Please provide answers to the additional questions in the Sample Submission information section. If you are unsure of the answers, please contact SGSCSL for guidance.

SAMPLE INFORMATION

SAMPLE DESCRIPTION

All pertinent information needed for reference on the analytical report should be entered in this field. This may include, but is not limited to, the product name, the product number, etc.

LOT/BATCH#

If applicable, please enter the lot or batch number for the sample(s). This information will be displayed on the analytical report.

SERVING SIZE

The serving size is generally the recommended daily dose as indicated on the product label. Do not enter the amount of sample sent, unless you want that amount to be treated as a serving size. Results will be reported per serving, unless directed otherwise.

ELEMENT

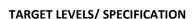
Please enter the element or compound to be tested. It is best to use one element per line when target levels/specifications are provided.

METHOD

SGSCSL specializes in ICP-MS and ICP-OES methods. If you are unsure of the method, please leave this field blank. Our laboratory personnel will use their best judgement in choosing the correct method for the sample based upon the nature of the sample and the testing requested.

MIN REPORT LEVEL (PQL)

Enter the desired minimum quantitation level for the element along with the associated units (e.g., 0.01ppm, 5ppb). If we are unable to fulfill your PQL request, you will be contacted by a member of our client support staff.



Please include the anticipated values for the elements to be tested with the associated units (e.g., 20-15%, <0.5 ppm, <5 ug/unit, <1 ug/serving). The values included in this section are considered target levels unless specifically indicated as specifications. This indication may be done with the checkboxes in the heading of this column.

REPORTING UNITS

Acceptable reporting units are as follows: ppm, ppb, ug/g, mg/g, ug/serving, ug/unit, etc.

SPECIAL REQUIREMENTS

If you have any special requirements for your sample submission or would like to include any special notes for the processing of your samples, please include this information in the 'Special Requirements' box at the bottom of the sample submittal form.

MAILING ADDRESS

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CERTIFICATIONS AND ACCREDITATIONS

FDA Registered and Audited	ISO 17025:2005
NELAC	PA Department of Environmental Agency
MD Department of the Environment	DEA Registration No. #RS0560638
USDA	