

ANALYTICAL REPORT INFORMATION ⁽¹⁾	
Purchase Order#:	SGS Quote:
Company Name:	SAMPLE SUBMISSION INFORMATION⁽¹⁾
Report Contact:	Matrix:
Street Address:	<input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Water <input type="checkbox"/> Ingestible Unit <input type="checkbox"/> Other
Street Address:	Turnaround Request: (In Business Days) Note: TAT for all non-elemental testing is 9 business days
City, State, Zip:	<input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days <input type="checkbox"/> Other:
Phone:	SDS Attached:
Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No, Material is non-hazardous for disposal in accordance with OSHA, EPA, and RCRA
INVOICING INFORMATION (complete if different from above)	Is there a validation for the requested Testing?
Company Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Invoice Contact:	Are the results of this testing in support of the release of drug products in the marketplace?
Street Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	Should SGS dispose of the sample?
City, State, Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No, return to sender (additional fees apply)
Phone:	I have read, understand, and agree to the SGS Terms and conditions
Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sample Description ⁽¹⁾	Lot/Batch#	Serving Size	Element or Vitamer ⁽¹⁾	Method ⁽²⁾⁽⁴⁾	Min Report Level (PQL) ⁽²⁾	Target Levels Specification ⁽³⁾	Reporting Units ⁽²⁾

Special Requirements:



Please mail samples to:
 SGS North America Inc.
 931 N 7th St
 Harrisburg, PA 17102

⁽¹⁾ Required fields for sample submission ⁽²⁾ If left blank, the laboratory will use its best judgment in choosing the appropriate information
⁽³⁾ Include only if they are specifically required for this current submission ⁽⁴⁾ Please indicate the SGS Method number