



## Sample Submission Form Chain of Custody

### Customer Contact Information

Customer Name:	
Company Name:	
Ship To Address:	
City, State, Zip Code:	
Phone Number:	
Email Address for all persons :	

### Payment Information (Hard Copy of PO or credit card information is required prior to releasing results)

Purchase Order #	
Contact person for billing:	
For credit card, provide email address for invoicing:	

Type of Service	Surcharge Price	Would you like your samples returned to you?
<input type="checkbox"/> <b>Priority 1</b>	<b>List + 200%</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, please provide your shipping account information. If none is provided we will invoice you to cover the additional costs. Hazardous materials must be returned.</small>
<input type="checkbox"/> <b>Priority 2 (2 working days)</b>	<b>List + 100%</b>	
<input type="checkbox"/> <b>Priority 3 (3-4 working days)</b>	<b>List + 50%</b>	
<input type="checkbox"/> <b>Normal (typically 5-10 working days)</b>	<b>List Price</b>	
		Shipping Account Number

### Sample Information

Sample Description or Sample Type

Date:      Submission =    Received at IsleChem =

Customer Sample ID's <small>(List individually if possible)</small>	IC# <small>(IC use only)</small>	ANALYSES DESIRED <small>(Include test number(s) if possible)</small>

Ship your sample(s), MSDS, and this form to:

**IsleChem Analytical Services**

**Attn: Lab Coordinator**

2801 Long Road Grand Island, NY 14072

(800) 899-8606 (716) 773-8401

[www.islechem.com](http://www.islechem.com)