

Analysis Request Form (Health & Pharmaceuticals)

Client:
Contact:
Address:

Client number:
Project number:
Project: **Chemical testing and sub-contracting**
Sub-project: **Heavy metals testing, NHP and chemical testing**

Phone:
E-mail:

Contact: Manon Beaudry, ext. 5157
manonbeaudry@labenvironex.com
suzanneperron@labenvironex.com

TO BE FILLED BY THE CLIENT

Purchase order number: _____ **Certificate of analysis:** French English

SAMPLE INFORMATION

Sample Identification :		
Code :	Batch number :	DIN (if applicable):
Nature :	Sampling or manufacturing date (if applicable) :	

REQUESTED ANALYSIS

Check all requested parameters	Parameters	Standard
	Arsenic	
	Cadmium	
	Lead	
	Mercury	
	Pesticides	USP <561>
	Residual Solvent	USP <467>

Shipping Date: _____

By: _____

Comments: _____