

PLEASE FILL OUT ALL APPLICABLE ITEMS:

Company \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_ Invoice Address (if different) \_\_\_\_\_ Method of Payment PO# \_\_\_\_\_

\_\_\_\_\_ Check \_\_\_\_\_

**STORAGE REQUIREMENTS (check box):**

Room Temp.     Refrigerate     Freeze

**SPECIAL HANDLING INSTRUCTIONS (Check all that apply)**

Controlled Substance     Hazardous (include MSDS)

N/A    Other \_\_\_\_\_

**PROCESSING PRIORITY : Please select one:**

**Normal:**  *RUSH PROCESSING MAY INCUR A SURCHARGE AND IS NOT ALWAYS AVAILABLE.*

**Rush:**  1 Day     2 Day     3 Day

**Other**  \_\_\_\_\_

**SPECIAL TESTING INSTRUCTIONS:**

Sample ID No. <small>(This will be printed on your Certificate)</small>	Sample Description. <small>(This will be printed on your Certificate)</small>	Lot No. <small>(This will be printed on your Certificate)</small>	Analysis Requested & Method <b>Required</b>	Sample Specifications or Report Only <small>(with serving size if applicable) Required</small>

*All services provided by Advanced Laboratories, inc. Are subject to its terms of service, which are available online. Submission of custody form or its equivalent or a sample constitutes acceptance of those terms of service.*

**SUBMITTED BY:** \_\_\_\_\_  
REQUIRED

**DATE SUBMITTED:** \_\_\_\_\_  
REQUIRED

**ADDITIONAL INFORMATION:** \_\_\_\_\_

**CONDITION UPON RECEIPT:** \_\_\_\_\_  
Advanced Laboratories Use Only

**RECEIVED BY:** \_\_\_\_\_  
Advanced Laboratories Use Only

**DATE RECEIVED:** \_\_\_\_\_  
Advanced Laboratories Use Only

**UTAH LAB**

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40 West Louise Ave.  
Salt Lake City UT 84115  
p: 801-485-1800 | f: 801-484-9211  
utlab@advancedlabsinc.com

**NORTH CAROLINA LAB**

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8969 Cleveland Road  
Clayton, NC 27520  
p: 919-989-7793 | f: 919-989-9226  
nclab@advancedlabsinc.com