



http://ultraspeclab.com

Victoria BC, Canada

Date	
Company	
Phone	
Email	
Address	
Quote No.	
PO No.	

ULTRASPEC LAB USE ONLY	
Shipment ID	
Received By	
Signature	
Date Received	
Date Due	
Payment Ref. No.	

SAMPLE SUBMISSION FORM

Sample Description	Lot Number	Other Identification	Analysis Required	Specification	Weight (grams)	Rush

Client Signature _____

UltraSpec Lab Signature _____

Request Date _____

Acceptance Date _____