ANALYTICAL REQUEST FORM

DIETARY SUPPLEMENTS

www.alsglobal.com

Submit samples to: 960 West LeVoy Drive
Salt Lake City, Utah 84123
Phone: 1-801-266-7700 or 1-800-356-9135
Fax: 1-801-268-9992 / alslt.lab@alsglobal.com

Company Name: _____
Mailing Address: _____
_____
Contact Name: _____
Phone Number: _____
E-Mail Address: _____
NOTE: Information provided above will appear on Analytical Report

Send Sample Receipt Notification to additional people (name & e-mail): _____
_____

Send Analytical Report to additional people (name & e-mail): _____
_____
_____

Client PO Number: _____
Billing Address: _____
_____
Billing Contact: _____
Billing Phone: _____
Billing E-Mail: _____
Copy Invoice to: _____

Primary Sample Description	Lot Number	Matrix Code*	Analysis Requested	Specification	Serving Size	TAT Code**	Laboratory Use Only

* Matrix Code	** TAT Code	Fee Schedule
[P] Powder	[S] 5-7 Work Days Std.	Routine Price
[T] Tablet	[4] 4 Work Days Rush	Routine Price + 25%
[C] Capsule	[3] 3 Work Days Rush	Routine Price + 50%
[S] Softgel Capsule	[2] 2 Work Days Rush	Routine Price + 75%
[G] Granule	[1] 1 Work Day Rush	Routine Price + 100%
[CT] Chewable Tablet	[0] Same Day Rush	Routine Price + 200%
[SP] Stick Pack	Contact your ALS Project Manager before sending rush samples. Rush service may not always be available.	
[L] Liquid		
[GL] Gelatin		
[O] Other (specify)		

Sample Handling	Sample Storage	Sample Disposal
Note in comment section, any special precautions required to handle any of the samples submitted with this form. Client is responsible for any injury caused by unspecified samples.	Samples stored at room temperature. If different storage conditions are required, indicate in comment section. ALS is not responsible for degradation of unspecified samples.	Samples are disposed of 60 days from reporting. Indicate in the comment section, if other arrangements need to be made. ALS is not responsible for loss of unspecified samples.

Comments

Sample Chain of Custody

I agree to the following ALS Terms & Conditions provided with this sample submission whether or not relinquished below

Relinquished by _____ Date/Time _____
Received by ALS _____ Date/Time _____
Relinquished by _____ Date/Time _____
Received by _____ Date/Time _____

Laboratory Use Only - Sample Receipt or Other Lab Comments

NOTE: If a separate Analytical Report is required for a sample or for a group of samples, please use a separate Analytical Request Form for each sample or for each group of samples.