



**Instructions for completing the CSL “Sample Submittal Form”:**

Please fill out the form as completely as possible. The more information we have, the better we are to provide your results quickly and precisely.

**Send Report To:** This is the person designated to be the contact individual and to receive the analytical reports with his/her fax, telephone, and address information where the reports are to be mailed.

**Send Invoices To:** This is the person designated to receive invoices and their contact information on where the invoices are to be mailed.

**Project:** Specific project number or name associated with samples listed.

**P.O.#:** This is very important and should be filled in, whenever possible.

**Sample ID #:** This is for your specific sample(s) identification.

**Matrix/Product:** Please insert the type, name, or state of matter that your sample exhibits. (I.e. ginseng root, powder, liquid, pills, tablets, capsules, etc.)

**Analysis (es):** Please provide your request for testing services. (i.e. lead (Pb), arsenic (As), duplicate lead (Pb), zinc (Zn), magnesium (Mg) etc.)

**Specifications:** Please provide your expectation, of the concentration, a specific element(s) may present in the sample(s) submitted to CSL.

**Precautions:** Any special handling information CSL needs to know about your sample(s)

**Comments:** Any information you would like CSL to know about your sample(s).

**Relinquished By:** Please provide a signature of the person sending CSL the samples.

**Company:** Your company/organization name.

**Date /Time:** (Self explanatory).

**Received By:** CSL will sign the form, provide the date and time the samples arrived.

**Chemical Solutions Ltd.** contact information is provided at the bottom of the form. If you need any assistance, please do not hesitate to contact **Bernadette Galinskie**, sample custodian, at **717-697-7536** or email her at [bgalinskie@chemicalsolutionsltd.com](mailto:bgalinskie@chemicalsolutionsltd.com).