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Sample Submission Request Form with Chain-of-Custody (to accompany each order)

CLIENT INFORMATION

Company	
Contact	
Address	
Phone #	
Fax #	
Email Address	

BILLING INFORMATION (if different)

Company	
Contact	
Address	
Phone #	
Fax #	
Email Address	

Date Sample/s sent:	PO #:	Sent by:			
About The Sample:	Sample 1	Sample 2	Sample 3	Sample 4	
OMIC Lab # (assigned by OMIC at time of receipt)					
Sample Description					
Client Sample/ Lot Identification					
Quantity Represented					
About the Sampling Process:					
Location of sampling					
Date/time sample taken					
Person doing sampling					
About the Tests:					
Test/s required (Write in all tests or compounds to be tested for or attach a separate sheet with the information.)					
Comments / special requests					
For Potable Water only:					
Temp of sample at sampling					
Time elapse to storage					
Storage method					
Sample Transfers (sign on each line when transferred):					
Person relinquishing/ Date/ time					
Person receiving/ Date/ time					
Person relinquishing/ Date/ time					
Person receiving/ Date/ time					
Final receipt by OMIC:					
Person receiving/ Date/ time					
Temp of sample at receipt *					
Storage method*					
Sample Acceptability*					

* These fields are required when the preservation of the sample requires temperature control such as potable water.
 Please call if there are questions regarding these requirements or completing the form.