ANALYSIS REQUEST FORM

SUBMITTED BY: _____ DATE: _____

CHECKED BY: _____ DATE: _____

MARYPAUL LABORATORIES, INC.
P. O. BOX 952
12 WILSON DRIVE
SPARTA, NJ 07871

Phone: (800) 548-1874
(973) 300-9715
Faxes: (973) 300-9820
(973) 300-9830

SAFETY PRECAUTIONS

ARE THERE ANY SAFETY PRECAUTIONS NEEDED TO HANDLE THESE SAMPLES? ____YES ____NO

DESCRIBE:_____

_____

NOTE: IF POSSIBLE, PLEASE SEND US AT LEAST 100 G OF SAMPLE.

PLEASE COMPLETE

DOES THIS PRODUCT REQUIRE A.....	**YES**	**NO**
USP PREPARATORY TEST?	**(SEND 50 g MORE)**	
USP BACTERIOSTASIS/FUNGISTASIS TEST?		
BIOBURDEN RECOVERY EFFICIENCY STUDY?	_____	
NEUTRALIZATION VALIDATION STUDY?	**INITIALS**	

Instructions for Shipping Samples:

1. Seal containers tightly.
2. Package samples in an appropriate shipping container. If sample is fragile, be sure to use packaging material such as styrofoam or air cell wrap. If refrigeration is required, include at least three gel ice packs and package in insulating material.
3. **Include Material Safety Data Sheets (MSDS's) for any hazardous substances as defined by the Hazard Communication Standard (29 CFR 1910.1200), Appendix A.*
4. Send via any dependable overnight carrier.
5. Be sure to fill out the "Additional Personnel Authorized to Received Data" box.

SEND REPORT TO:	**PURCHASE ORDER NO.**	***ADDITIONAL PERSONNEL AUTHORIZED TO RECEIVE DATA:**	**BILL TO:**
NAME (PLEASE PRINT)	**PHONE NO.:**	**NAME PHONE # FAX #**	
COMPANY	**E-MAIL:**	**1.**	
STREET		**2.**	
CITY STATE ZIP	**FAX #:**	**3.**	

MARYPAUL LAB. NO.	**QUANTITY**	**SAMPLE DESCRIPTION**	**SAMPLE IDENTIFICATION**	**ANALYSIS REQUESTED**