

Test Substance Submission Form

Ship Samples with COMPLETE FORM to:

Element Eagan ATTN: Logistics 285 Corporate Center Drive, Suite 110 Eagan MN 55121

All entries on this form are required to be completed unless otherwise noted.

Quote/Protocol # _____ Company Name _____ Date: _____

Authorized By _____

Test Substance Return Form

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Instructions For Sample Return

Contact Name (ATTENTION TO): _____

Phone: _____ Email: _____

Ship to Address:

Company Name: _____

..Fedex ..UPS or ..Other _____ Shipping Account #: _____

Shipping Priority (ex: 2-day, overnight, ground, etc.): _____ Value Declaration: \$ _____

Insurance Requested: ...No insurance requested ... Please insure the shipment for the declared value.

Special Shipping Instructions: