Capella Innovation Sample Submission Form

Analysis requested -Allergens

| 1-Client Job no# |
| 2-Company Name: |
| 3-Adress |
| 4-E-mail: |
| Phone |
| 5-Invoice (contact person) |

SAMPLE IDENTIFICATION	Harvest Date	Location	Sample type	PLEASE CHECK ANALYSIS REQUESTED
1-				
2-				
3-				
5-				
6-				
7-				
8-				
9-				
10-				
11-				
12-				
13-				
14-				
15-				

Turn around required

Rush___

Standard ___Holiday_____

*Double Rates may apply for Rush Analysis

Signature_____

Laboratory Use Only

Rec'd by:_____ Time:_____ Temp:_____Weight _____

Storage:_____ Date:_____

WARRANTY AND LIMITS OF LIABILITY: Our warranty is limited to the accuracy of samples as received. We assume no responsibility for the purpose for which the client uses the test results, nor liability for any otherwarranties expressed or implied, including warranties of fitness for particular purpose or merchantability made by the client. These terms and conditions shall supersede any conflicting terms and conditions stated on any purchase order, or other order of work submitted by the client. **NOTE:** Signature is required for analysis to commence. Please contact the lab for any additional information not provided.
CONFIDENTIALITY: All work will be performed in confidence. Results are only released to the client or the client's designated agent.

Analysis are an important tool for companies both large and small to ensure quality and maintain their competitive edge
List *of Analysis Price per sample*

Peanut Allergen	ALL1001	Brazil Nut Allergen	ALL1013
Almond Allergen	ALL1002	Cashew Allergen	ALL1014
Egg Allergen	ALL1003	Pistachio Allergen	ALL1015
Hazelnut Allergen	ALL1004	Macadamia Allergen	ALL1016
Total Milk Allergen	ALL1005	Crustacea Allergen	ALL1017
Soy Flour Allergen	ALL1006		
Gliadin (Gluten) Allergen	ALL1007		
Walnut Allergen	ALL1008		
Shellfish Allergen	ALL1009		
Soy Allergen	ALL1010		
Lupine Allergen	ALL1011		
Mustard Allergen	ALL1012		
Sesame Allergen	ALL1013		