

1-Client Job no#																				
2-Company Name:																				
3-Address																				
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:_____
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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 other warranties 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.

Restaurant and food services SAMPLE sheet
List of Analysis

Calories count/recipes	RP1001
Nutrition Facts Labels	RP1002
Allergen and Gluten Free	RP1003
Diabetic Exchanges	RP1004
Nutritional Claims(Calories, Sugar, salt	RP1005
Standardized Recipes	RP1006
HAACP Guidelines	RP1007
Brochures & Pamphlets	RP1008
Recipe and Menu Analysis	RP1009