

Capella Innovation Sample Submission Form

RE 7.1.12 Restaurant and food services Analysis requested

1-Client Job no# 1																Assigned sample no	Sample Weight	
2-Company Name:																		
3-Contact person:																		
4-Address:																		
5-E-mail:																		
6-Phone:																		
Product name:																		
	Date	Location	Lot	Qty	PLEASE CHECK ANALYSIS REQUESTED													
1-																		
2-																		
3-																		
4-																		
5-																		
6-																		
7-																		
8-																		
9-																		
10																		
Turn around required Rush____ Standard____ Holiday____ *Double Rates may apply for Rush	Client,sSignature _____ DATE _____				Laboratory Use Only Date:_____ Time:_____ Temperature: _____ Storage: CAP 074 : _____ CAP073: _____ Courier _____ Tracking No _____ Signature : _____													

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 express 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 requested - Restaurant and food services

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