Capella Innovation Sample Submission Fe						orm RE 7.1.21TUTORIAL Analysis requested											
1-Client Job no#					1												
2-Company Name:																	
<ul><li>3-Contact person:</li><li>4-Address:</li></ul>					-										nple no	tion	
																	5-E-mail: 6-Phone: 7-Contact
12									Ass	Wei							
SAMPLE IDENTIFICATION	Harvest Date	Location	Lot	Qty	PLEASE CHECK ANALYSIS REQUESTED												
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	15				Laborato	ny Ileo O	nlv	16									
Turn around 14						Laboratory Use Only 16 Date: Time: Temperature:											
Rush						Storage: CAP 074 : CAP073:											
Standard	Date :					Signature :											
Holiday *Double Rates may apply for Rush	y																

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 conditional information not provide 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 provide CONFIDENTIALITY: All work will be performed in confidence. Results are only released to the client or the client's designated agent.

## Description

- 1. Client Job No: (Optional) The number that you have given to this job. Usually a unique number.
- 2. **Company or Client Name**: (Required) This is your name or your business' name. It will be printed on the final report as the company involved.
- 3. Address: (Required) Your company's address or your home address.
- 4. Contact Information: (Required) We will also require this information,
- 5. E-mail: if you would like us to contact you by email
- 6. Phone : Put your company phone number
- 7. **Contact Name and Invoice to:** (Required) Contact name is your name or the name of the person that you want on the report. Invoice contact is the name that will go on the invoice, if different from the regular contact.
- 8. Sample ID: (Required) This is the number or identification you give to a sample. (i.e. meat, cheese,).
- 9. Date Collected: (Required) The date that you collected the samples on.
- 10. Sample Location/Description: A description of the location where the sample come from (ie., plan1, section 4, ...)
- 11. LOT: (Required) The lot identification number **11 A** You need to write the quantity send
- 12. Pathogens ID: (Required) This place is reserved for type of tests required
- 13. Sample details: (Required) Please check analysis requested
- 14. **Turnaround Time Required:** (Required) "S" is standard turnaround "R" is rush turnaround, and "H" is holiday service, which includes both holidays and long weekends.
- 15. **Testing Authorized by:** (Required) An authorizing signature *must* be on the form for the samples to be analyzed. Please print your name, **sign and date the form**.
- 16. Reserved for Reception.