

Date Received: \_\_\_\_\_

Job # \_\_\_\_\_

**ANALYSIS REQUEST TO:**

**PROCESS DEVELOPMENT CENTER**

*Department of Chemical and Biological Engineering  
5737 Jenness Hall  
Orono, Maine 04469-5737*

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Purchase Order # \_\_\_\_\_

**FOR SAMPLE TESTING:** \_\_\_\_\_

Would you like your samples returned? YES \_\_\_ NO \_\_\_

Would you like your results emailed? YES \_\_\_ NO \_\_\_ email address: \_\_\_\_\_

SAMPLE ID	TYPE OF MATERIAL	DATE SAMPLED	ANALYSIS REQUESTED

**CHAIN OF CUSTODY**

If requested

<b>Sampled by:</b>	<b>Date/Time</b>	<b>Received by:</b>	<b>Date/Time</b>
<b>Method of Disposal:</b>	<b>Date/Time</b>	<b>Received by:</b>	<b>Date/Time</b>