

date rec'd: _____
(lab use only)

ANALYSIS REQUEST TO:

Job# _____
(lab use only)

**ANALYTICAL LAB
5722 Deering Hall
Orono ME 04469-5722**

1. If your samples are **manure, standard soil test, or greenhouse soil test** please fill out a specific sample form for that analysis, NOT THIS ONE. Those forms are available at drop off or on our web site.
2. All other types of samples use this form.
3. All sample containers must be **CLEARLY** labeled with:
1. YOUR NAME & ADDRESS
2. SAMPLE NAME or NUMBER

YOUR NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUS. PHONE# _____ PURCHASE ORDER# _____ (optional)

Would you like your samples returned? YES ___ NO ___

Would you like your results emailed? YES ___ NO ___ Email address: _____

CHECK ONE:

Payment submitted _____ amount* _____, Bill me later _____, University acct # _____

***DO NOT SEND CASH:** Refer to online price list or call (207) 581-2917.

SAMPLE I.D. (please use numbers)	# OF SAMPLES	SAMPLE TYPE	ANALYSIS REQUESTED

Chain of Custody (if needed)

Sampled by:	Date/Time:	Received by:	Date/Time:
Relinquished by:	Date/Time:	Received by:	Date/Time: