



THIONVILLE LABORATORIES, LLC

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SAMPLES SUBMITTED TO THIONVILLE ANALYSIS REQUEST FORM

FOR ACCT OF :

ADDRESS :

NO. OF SAMPLES :

SAMPLE IDENTIFICATION	COMMODITY	ANALYSIS REQUESTED	SPECIFIC METHOD

REPORTING & BILLING

REPORT (CoA) TO :

INVOICE TO :

PO # : (if required)

REQUESTED TURNAROUND : ☐ Standard (5-8 days) ☐ Rush (2-3 days) (circle one)

INVOICING INFORMATION :

ADDITIONAL INFORMATION:

- CoA & invoice sent by E-mail after completion of testing; payment of invoice due within 30 days.
- \$20 Lab Sample EPA Disposal Fee added to all invoices. \$85 lab minimum fee for any analytical work performed.
- Payment by check or wire transfer only within 30 days. No credit cards.

Please include product analysis specifications. If not available, please note this on the form.

SPECIFICATIONS :

SAMPLE SUBMITTED BY :

DATE :

CONTACT PHONE NUMBER :

E-MAIL :

***PLEASE NOTE THAT IF THIS REQUEST FORM DOES NOT ACCOMPANY THE SAMPLES, IT COULD RESULT IN DELAY OF TESTING AND REPORTING OF RESULTS IN A TIMELY MANNER.**