

**vermicon AG**

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**For use by vermicon service:**

Sample received (date/time): \_\_\_\_\_  
Sample accepted (date): \_\_\_\_\_  
Accession #: \_\_\_\_\_

**Reference no.  
price request:**  
\_\_\_\_\_

**SAMPLE SUBMISSION FORM**

Page 1 of   

**Send results to:**

**Send invoice to: (if different)**

Company:		Company:	
Contact:		Contact:	
Address:		Address:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
For EU customers		VAT-No.:	

**Please specify service request** (tick below for selection):

<b>Turnaround time requested:</b>		<b>Report:</b>	
Standard (excluding weekend & public holiday service)	<input type="checkbox"/>	<b>Results are to be:</b>	
Express (Price on request) (including weekend & public holiday service)	<input type="checkbox"/>	Faxed	<input type="checkbox"/>
		E-mailed	<input type="checkbox"/>
		Photo-Documentation required*	<input type="checkbox"/>
		*Extra-fee per report	

**Sample # in total (excluding duplicates) :**

No.	Sample identification	Sample type	Analysis requested/ Service no.	Price per analysis (excl. VAT) in EUR
1				
2				
3				
4				
5				
6				
7				
8				
9				
<b>Total:</b>				

Submitted by (signature):		Date:	
Additional information:			

## SAMPLE SUBMISSION FORM

No.	Sample identification	Sample type	Analysis requested/ Service no.	Price per analysis (excl. VAT) in EUR
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
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22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total page 2 :

+ Total page 1 :

Total :

Submitted by (signature):	Date:	
Additional information:		