

vermicon AG

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For use by vermicon service:

Sample Received (date/time): _____
Sample Accepted (date): _____
Accession #: _____

Price Ticket No.:

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):

Turnaround Time Requested:		Report:
Standard (excluding weekend & public holiday service)	Surcharge None <input type="checkbox"/>	Results are to be:
Rush (including weekend & public holiday service)	50% <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.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Submitted by (signature):	Date:
Additional Information:	

SAMPLE SUBMISSION FORM

No.	Sample Identification	Sample Type	Analysis Requested/ Service No.
11			
12			
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22			
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35			

Submitted by (signature):	Date:
Additional Information:	