

CUT HERE

Atlantic Microlab, Inc.

Sample No. _____

6180 Atlantic Blvd. Suite M
Norcross, GA 30071
www.atlanticmicrolab.com

Company/School _____

Dept. _____

Address _____

City, State, Zip _____

Professor/Supervisor: _____

Name _____ Date _____

PO# / CC# _____

Phone _____

Element	Theory	Found		Single <input type="checkbox"/>	Duplicate <input type="checkbox"/>
				Elements Present:	
Analyze for:					
Hygroscopic <input type="checkbox"/> Explosive <input type="checkbox"/>					
M.P. _____ B.P. _____					
To be dried: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Temp. _____ Vac. _____ Time _____					
Rush Service <input type="checkbox"/> <small>Rush service guarantees analyses will be completed and results available by 5 PM EST on the day the sample is received by 11 AM.</small>					
Include Email Address or FAX # Below					

Date Received _____ Date Completed _____

Remarks: _____

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