

SAMPLE SUBMITTAL FORM

Client Name		P.O Number or Project Identification		Report Data To:	
Address			Contact Person		Phone and Fax
City		State	Zip Code		email

Sample Site No. if Applicable	Lot Number	SAMPLE DESCRIPITON	ANALYSIS REQUESTED Use Sample Key	Special Reporting Requirements

Analytical Test Request KEY Please call 616-837-7670 if you require a test not listed

T-1 Total Aerobic Plate Count	\$19.75	T-6 Mitragynine	\$80.00
T-2 E.coli OR Coliform	\$19.00 Each	T-7 7-Hydroxymitragynine	\$80.00
T-3 Yeast & Mold	\$20.00	T-8 Heavy metals	\$147.00
T-4 Listeria sp.	\$45.00	T-9 Staphylococcus sp.	\$21.00
T-5 Salmonella	\$55.00 FDA BAM \$35.00 PCR		

PACKAGES

P1 \$120.00	Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Staphylococcus sp, Salmonella
P2 \$230.00	Mitragynine, 7 hydroxymitragynine, Heavy metals
P3 \$320.00	Total Aerobic Plate Count, E.coli, coliform, Yeast, Mold, Staphylococcus sp, Salmonella, mitragynine, 7-hydroxymitragynine, and heavy metals

Each sample submitted recieves a \$2.00 fee associated with them. Testing packages do not incur this fee.

For Office Use Only:
 Date/Time Received _____ Temp (°F) _____ Sample Condition _____ Initials _____