REQUEST FOR PRICE QUOTATION/
REQUEST FOR ANALYTICAL SERVICES

Name: _____ Affiliation: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Project Name: _____

Turnaround time requested: 10 day___ 5 day ___ 48 hour ___ 24 hour ___ Other ___

QC Required: _____ Level I. _____ Level II

_____ Level III _____ Level IV

Level 1: Standard report, batch QC
Level II: Level I plus MSMSD on project sample and case narrative
Level III: CLP-like, Level II plus initial and continuing calibrations
Level IV: CLP-like, Level III plus all raw data

Analyses/method	Matrix	Number of Samples

Comments:

_____ Email my quote _____ Fax my quote
_____ Please call me to discuss my project before preparing a quote
_____ Please call me to discuss my project after preparing a quote