Sample Submission Form

10810 72nd St. STE 206
Largo, FL 33777
Ph: 727-544-8481
Fax: 727-544-8490

Report To:	Invoice To (if different):
Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

The signature below by an authorized company representative confirms that the company is responsible to pay Tampa Bay Analytical Research, Inc. for services performed.

Signature:	Date:
Printed Name:	Title:

Instructions:

1. Please complete entire form legibly.
2. Please provide specifications if available.
3. If special handling or testing instructions are required, please contact TBAR prior to submission of samples.
4. If possible, a minimum of 20 dosage units for finished products should be submitted to reduced variability due to product uniformity.

For TBAR Use Only	
Date Rec'd:	
Project #:	
PO #:	
CC #:	

# of Units	Sample Identification	Lot Number	Test Request	Specifications