Tampa Bay Analytical Research
Sample Submission Form

13130 56th Court STE 606
Clearwater, FL 33760
Ph: 727-540-0900
Fax: 727-540-0922

Report To:	Invoice To (if different):
Name:	Name:
Company Name:	Company 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 reduce variability due to product uniformity.

PO #:

Please Check if Rush Service

# of Units	Sample Identification	Lot Number	Test Request	Specification	*4-5 Day*	*2-3 Day*