eurofins

CENTRAL ANALYTICAL LABORATORIES

Certified and Accredited Analytical Services

ANALYSIS REQUEST

FRM-09.2.03 Version No. 3
Effective Date. 03/29/2010
QA Approval

Report Results To
Company:
Contact Name:
Address:

Phone:
Fax:
E-mail:
Send Invoice To:
Contact Name:
Address:

Phone:
Purchase Order Number:

Enclose with samples and ship to:

Eurofins Central Analytical Laboratories
2315 N. Causeway Blvd. Suite 150
Metairie, LA 70001
Phone: (504) 297-3400
Fax: (504) 297-3410
FDA Food Facility Reg.# 10176688330

For CAL use only:

Date/Time Received:
CSR Received by:
Courier:
Temperature of samples upon receipt:

Turnaround Time: 10 calendar days is standard for most tests. A "RUSH" turn is usually available, but is subject to priority charges. You will need to call and confirm the corresponding fees and availability.

Special Instructions:

Service Type (Standard/Rush) Place S or R	Sample Matrix (i.e. White Corn, Oil, SBM)	Sample Reference (i.e. Seal #, Date)	Sample Code (i.e. Lot #, ID#)	Analysis Requested (i.e. Aflatoxins by LCMS, Peroxide Value, 3-MCPD)	Expected Levels	For CAL use only