

SAMPLE SUBMISSION FORM

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Send Report To: _____ Company: _____ Address: _____ _____ City, State/Province: _____ Zip/Postal Code: _____ Phone: _____ Fax: _____ E-mail: _____ Submitted by: _____ Signature: _____ Date: _____	Send Invoice To Attention: _____ Same as report: <input type="checkbox"/> P.O. Number: _____ Quote No: _____ <u>RUSH SERVICE:</u> (<input type="checkbox"/> p 3 Work Days) <i>Prior Notice Required</i> <i>Various Surcharges May Apply as per T&C</i>
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Sample Description	Lot Number	Method / Specifications / Analysis Requested	Number of Samples	Quantity Supplied (gm)	Storage Condition

IF SAMPLE IS A CONTROLLED SUBSTANCE CLASS: I II III IV **CSO/DEA REGISTRATION NUMBER:** _____

MSDS Provided: Yes No

Note: CCOHS regulations require that Material Safety Data Sheets be available for inspections to all employees who may come in contact with client supplied material. Please be advised that testing delays may result if MSDS sheets are not on file or attached.

Internal Use Only
Received By: _____ Condition: Good <input type="checkbox"/> Damaged <input type="checkbox"/> Comments: _____