IsleChem™ LLC
Grand Island, NY

Sample Submission Form
Chain of Custody

Customer Contact Information

Customer Name:	
Company Name:	
Ship To Address:	
City, State, Zip Code:	
Phone Number:	
Email Address for all persons :	

Payment Information (Hard Copy of PO or credit card information is required prior to releasing results)

Purchase Order #	
Contact person for billing:	
For credit card, provide email address for invoicing:	

Type of Service	Surcharge Price
☐ **Priority 1**	**List + 200%**
☐ **Priority 2 (2 working days)**	**List + 100%**
☐ **Priority 3 (3-4 working days)**	**List + 50%**
☐ **Normal (typically 5-10 working days)**	**List Price**

Would you like your samples returned to you?

☐ Yes ☐ No

If Yes, please provide your shipping account information. If none is provided we will invoice you to cover the additional costs. Hazardous materials must be returned.

Shipping Account Number	

Sample Information

Sample Description or Sample Type

Date: Submission = Received at IsleChem =

Customer Sample ID's (List individually if possible)	IC# (IC use only)	ANALYSES DESIRED (Include test number(s) if possible)

Ship your sample(s), MSDS, and this form to:

IsleChem Analytical Services
Attn: Lab Coordinator
2801 Long Road Grand Island, NY 14072
(800) 899-8606 (716) 773-8401
www.islechem.com