

SUBMITTER INFORMATION:

Company Name: _____

Contact Name: _____
Email: _____
Phone: _____

BILLING INFORMATION:

☐ Check if same as submitter

Company Name: _____
Address: _____

Contact Name: _____
Email: _____
Phone: _____
P.O. Number: _____

Additional Results Recipients:

Name: _____
E-mail: _____
Name: _____
E-mail: _____

Please check the box that represents the GHS classification for the submitted materials. For hazardous samples (known or suspected), the client must provide NPAL with sample characteristics and Safety Data Sheets (SDS).



No GHS



Skull and Crossbones
Can cause death or toxicity with short exposure to small amounts



Health Hazard
May cause of suspected of causing serious health effects



Corrosion
Corrosive damage to metals as well as skin, eyes



Flame
Fire hazards



Exploding Bomb
For explosion or reactivity hazards



Flame over circle
For oxidizing hazards



Exclamation Mark
May cause less serious health effects



Environment
May cause damage to the aquatic environment

Sample ID	Detailed Sample Description	Tests Requested	Expected Levels

SPECIAL INSTRUCTIONS: (Please list sample matrix for each sample, if not defined by description above):

Please contact us to discuss priority service requests prior to shipping samples. Additional charges may apply for priority service. Samples requested "ASAP" will be entered for normal service time.

Special instructions for shipping perishable items: Samples should be shipped in suitable containers and packed to maintain perishable items at an appropriate temperature. Shipments should be scheduled to arrive at NP Analytical Laboratories during regular business hours: Monday-Friday 7:00am until 3:00 pm, unless specific arrangements are made in advance.

By submitting samples to NPAL, you agree to the terms and conditions located at www.npal.com/terms-and-conditions



How to Submit Samples

Samples should be shipped to the following address:

**NP Analytical Laboratories
c/o Sample Entry
824 Gratiot
St. Louis, MO 63102**

Please use the provided sample submission form and add the following information:

- Description of the sample(s)**
- Test(s) requested for each sample** (If there is not enough space available, please use an Excel spreadsheet for the information.)
- Requested report date** (Note: for priority service, additional charges may apply)
- Name, address, phone number and email address for reporting results**
- Billing Address** (We do not accept credit card payments, but please contact us if you would like to enroll in ACH payments.)
- Purchase Order Number** (NPAL does not require a PO number to submit samples. We will add the PO number to the sample reports and invoice to process the payment in a timely manner.)

Note: A sample handling fee of \$7.13 will be added to the cost of each sample. Please email us at the email listed below if you would like an estimate of the testing.

For additional information, please call us at:

1-800-423-6832

or

1-314-982-1310

Email: npal@purina.nestle.com