

ATLANTIC MICROLAB, INC.

SUBMITTER

Sample No. _____

Company / School _____

6180 Atlantic Blvd. Suite M
Norcross, GA 30071

Address _____

www.atlanticmicrolab.com

PROFESSOR/SUPERVISOR:

NAME _____ DATE _____

P.O. #:

Element	Theory	Found		Single <input type="checkbox"/>	Duplicate <input type="checkbox"/>
				Elements Present:	
				Analyze for:	
				Hygroscopic <input type="checkbox"/>	Explosive <input type="checkbox"/>
				M.P. _____	B.P. _____
				To be dried: Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Temp. _____	Vac. _____ Time _____
				FAX Service <input type="checkbox"/>	EMAIL Service
				FAX# /EMAIL _____	
				Rush Service <input type="checkbox"/>	(SEE CURRENT
				Phone Service <input type="checkbox"/>	PRICE LIST)
				Phone No. _____	

Date Received _____ Date Completed _____

Remarks: