

### 1. Client Information

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

### 2. Billing Information

◇ Same as client information

Company \_\_\_\_\_

Billing Contact \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### 3. Payment Information

◇ PO #\* \_\_\_\_\_

◇ Credit Card\*\* \_\_\_\_\_ ◇ Check # \_\_\_\_\_

\* A copy of the PO must be submitted by email or fax.

\*\* Credit card payments are subject to a 4% surcharge to cover bank fees. If selected, we will contact you to obtain credit card information.

Type ◇ New Submission  
◇ Reference Sample # \_\_\_\_\_

Response\* ◇ Standard (typically 10 business days)  
◇ Rush (+50%) (initial results in 2-3 business days)  
◇ Ultra-Rush (+100%) (initial results in 1 business day)

\*Response times may vary by project and current sample load. Please contact us to confirm current response times.

Phineas Lab Contact \_\_\_\_\_

Client Ref # or Citation \_\_\_\_\_

### 5. Sample Information

Sample Storage Conditions

◇ Ambient (default) ◇ Refrigerate ◇ Freeze

Sample Disposition

◇ Dispose (default)

◇ Retain Sample (storage fees apply)

◇ Return Sample (invoice return S&H costs)

◇ Return Sample (use FedEx / UPS Account: \_\_\_\_\_)

Do any sample consumption limitations or restrictions exist?

◇ No (default) ◇ Yes (if yes, please describe in section 6)

### 6 List of Samples Submitted

◇ See attached chain of custody.

### 7. Project Background/Analysis Task(s)

◇ See attached page.

### 8. Shipping Information

Please enclose a signed copy of this form with properly packaged samples to:

ATTN: Sample Receiving

Phineas Laboratory

1201 Cole Estates Dr

Georgetown, TX 78628

info@phineaslaboratory.com

Phone: (979) 450 - 4960

### 9. Analysis and Fee Approval

I agree to the above terms of payment, including interest due on unpaid invoices per Phineas Laboratory's current fee schedule. If a third party is designated for payment of services in section 2, the primary client (Section 1) remains responsible for any invoices not paid within 30 days. I agree to defer, indemnify, and hold Phineas Laboratory and each of its employees and officers harmless for any and all claims, demands, actions, and liabilities in any way related to the services provided by Phineas Laboratory or any subcontractor, except in cases of proven intentional misconduct. I understand that Phineas Laboratory is not liable for samples or case materials lost or damaged in transit to or from Phineas Laboratory or a third party. To the best of my knowledge, the content of this form is complete, correct, and true.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_