

Lipid Analysis - Sample Submission Form



Purchase order number*: _____ Date: __/__/__

*If a PO is required for payment, analysis will not commence until a PO is provided

For attention of (if known): _____

Agreed deadline for results : _____

Delivery address: Mylnefield Lipid Analysis, James Hutton Limited, Invergowrie, Dundee, Scotland, UK, DD2 5DA

Client details

Contact name		Company name and postal address	
Contact email			
Contact phone number(s)		Report to be sent to (if differs from contact)	

Sample details

No. of samples		Hazard/risk instructions (please include MSDS if applicable)	
Sample identification (attach form if required)			

Analysis details

(Please refer to quotation number *or* detail the analysis required)

Quotation no. (Analysis will match quotation)		Previous job no. (if applicable to this batch of samples)	
Regulatory Standard Required? (GCP / GMP / N/A)		For GMP has current specification been supplied? (Yes/No)	(if no, please supply)
Detail the analysis required (e.g. include specific details of elements etc.)			
Additional requirements or any other information (e.g. legislative pass/fail threshold values)			

Notes page overleaf if required

Notes page

Terms and Conditions

<http://www.huttonltd.com/media/1794/tcs.pdf>

Electronic Form

<http://www.huttonltd.com/analytical-services.aspx>