

Dallas Laboratories, Inc.

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Analysis Request Form

(to accompany each order)

CLIENT INFORMATION

Company: _____

Contact: _____

Address: _____

Phone #: _____

Email Report to: _____

(these will be the only addresses included in the sample communication)

BILLING INFORMATION (please indicate if the same)

PO #: _____

Contact: _____

Bill to: _____

Phone #: _____

Email Invoice to: _____

Sample ID (i.e. Lot# - reflected on report)	Sample Description	Analysis Requested
1		
2		
3		
4		
5		
6		
7		
8		
9		

Comments:

Received By: _____

Date: _____