



# NASM Submission Form



PO#: \_\_\_\_\_

Submitted By: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Submitted For: \_\_\_\_\_

Results By:  
 (select all that apply)

Website \_\_\_\_\_  
 Mail \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Other \_\_\_\_\_

Chain of Custody			
Submitted By	Date	Received By	Date

Are you a new customer?  As a New Customer our Customer Service Representatives will contact you to discuss Account information.

Sample Number	Sample Description/ID	Packages				Lab Use
		NASM *	Heavy Metals (HM)	E. Coli *	Other	

\*In order to ensure valid microbiological results, please collect samples in sterile bottles, refrigerate at 4°C during shipping, and deliver to the laboratory as soon as possible after collection. Samples must be received in the laboratory Monday through Thursday.