



CIA Lab #   
(CIA USE Only)

### CIA LABS ANALYSIS REQUEST FORM

Date:

To:

CIA Labs 301 South 7 <sup>th</sup> Street P.O. Box 3022 St. Joseph, MO 64501	Phone: 816-232-8007 Fax: 816-232-9490 Email: <a href="mailto:cialabs@cialabs.com">cialabs@cialabs.com</a>
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Submitted by:

Company	<div style="background-color: #d1ecf1; height: 15px;"></div>
Address	<div style="background-color: #d1ecf1; height: 15px;"></div>
Phone No.	<div style="background-color: #d1ecf1; height: 15px;"></div>
Fax No.	<div style="background-color: #d1ecf1; height: 15px;"></div>
Contact Person	<div style="background-color: #d1ecf1; height: 15px;"></div>
Email	<div style="background-color: #d1ecf1; height: 15px;"></div>

Sample Description	Lot No./ID	Analysis Requested	Method (if known)	Label Claim/Theoretical Value	Specifications
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Comments/Special Instructions (Storage Conditions, Controlled Substance, Rush Service, etc.):