

Microtrace LLC Project Submission Form

Internal Use

Project #

Date Rcvd

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.

4. Project Information

Type New Submission
 Related to MT Project # _____

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.

Microtrace Contact _____
Client Ref # or Citation _____

Does this project pertain to existing or potential litigation?
 No Yes

9. Analysis and Fee Approval

I agree to the above terms of payment, including interest due on unpaid invoices per Microtrace LLC'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 Microtrace LLC 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 Microtrace LLC or any subcontractor, except in cases of proven intentional misconduct. I understand that Microtrace LLC is not liable for samples or case materials lost or damaged in transit to or from Microtrace LLC or a third party. To the best of my knowledge, the content of this form is complete, correct, and true.

Client Signature

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)

Is the sample a DEA schedule I or II controlled substance?
 No (default) Yes (please contact us for DEA 222 form)

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
Microtrace LLC
790 Fletcher Drive, Suite 106
Elgin, IL 60123-4755

info@microtrace.com
Phone: (847) 742-9909

Date