



FOR INTERNAL USE ONLY, ELEMENT TRACKING #: \_\_\_\_\_

# Test Substance Submission Form

Ship Samples with COMPLETE FORM to:

Element Eagan ATTN: Logistics 285 Corporate Center Drive, Suite 110 Eagan MN 55121

All entries on this form are required to be completed unless otherwise noted.

Quote/Protocol # \_\_\_\_\_ Company Name \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By \_\_\_\_\_



# Test Substance Return Form

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## Instructions For Sample Return

Contact Name (ATTENTION TO): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ship to Address:

Company Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

..Fedex ..UPS or ..Other \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

Shipping Priority ( ex: 2-day,overnight,ground,etc.): \_\_\_\_\_ Value Declaration: \$ \_\_\_\_\_

Insurance Requested: ...No insurance requested ...Please insure the shipment for the declared value.

Special Shipping Instructions: