



EMSL ANALYTICAL, Inc.

CHAIN OF CUSTODY

Third Party Billing requires written authorization from third party

Report to: _____
Company: _____
Street: _____
Box #: _____
City: _____
State: _____ ZIP _____
Project Name/Number: _____
Telephone #: _____
Email address _____

EMSL - Bill to:
Name: _____
Street: _____
Box #: _____
City: _____
State: _____ ZIP _____
Fax Results to:
Name: _____
Fax #: _____
Purchase Order #: _____

SAMPLE MATRIX

Sample matrix checkboxes: Solid, Raw, Processed, Packaged, Liquid, Other

*** Please contact the laboratory prior to sample submittal for sample/shipping requirements***

FOOD PHYSICAL ANALYSIS

Parameter*

- Protein, Moisture, Ash, Fat Profile, Sugar Profile, Fiber, Total Dietary, Sodium, Calcium, Iron, Cholesterol, Vitamin A, Vitamin C, Carbohydrates by calculation, Calories by calculation, Sample prep, Complete Nutritional Analysis (includes all of the above)

Other Requested Parameters†

- Macro Examination, Anti-Oxidant (ORAC hydro & lipo), Foreign Particle ID, Shelf Life Study, and three blank checkboxes

† Contact lab prior to sample submittal for pricing and availability

*Content per 100g, content per serving, % RDI (actual and rounded) and % DV (based on 2000 kcal) provided where applicable. Serving size and ingredient declaration may be required.

** Carbohydrate and Calorie content require analysis of: Protein, Moisture, Fat, and Ash

Table with 4 columns: Sample #, Sample Description, Ingredient Declaration, Serving Size

Client Sample #s _____ - _____ TOTAL SAMPLE # _____

Relinquished: _____ Date: _____ Time: _____
Received: _____ Date: _____ Time: _____
Relinquished: _____ Date: _____ Time: _____
Received: _____ Date: _____ Time: _____