



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 (total fat, saturated fat, monounsaturated fat, trans fat from fatty acids)
Sugar Profile (fructose, glucose, sucrose, maltose, lactose)
Fiber, Total Dietary
Sodium
Calcium
Iron
Cholesterol
Vitamin A
Vitamin C
Carbohydrates by calculation**
Calories by calculation**
Calories from fat
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

† 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

Please sign and submit the attached Sub-Analysis Agreement with your samples

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

Food & Consumer Products



Sub-Analysis Agreement

Depending upon logistics, methodology or availability, it may be necessary for the samples you submitted to be analyzed at a different laboratory. Should that contingency occur, the undersigned agrees to the following terms:

1. In the event that the EMSL Analytical, Inc. facility where the samples were initially received is unable to perform the testing specified on the COC, EMSL Analytical, Inc. will transfer the samples to a laboratory (EMSL or other) that is currently approved for the parameter being tested.
2. EMSL Analytical, Inc. will observe strict chain-of-custody procedures when sending and receiving samples.
3. The analyzing laboratory will follow accepted, certified methods for the analysis, and will report the results to EMSL Analytical, Inc. in writing, using accepted formats.
4. EMSL Analytical, Inc. will, insofar as possible, meet all promised turnaround times, however, we cannot be held responsible for delays due to trans-shipment or other problems outside of our control.
5. Customer agrees to these terms as a condition of submitting these samples to EMSL Analytical, Inc.

Name _____ Date _____

Company/Title _____

***Please sign upon receipt and submit with samples or
fax to Joy Dell'Aringa @ 314-776-3313***

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| <p>EMSL Analytical, Inc. 3029 S. Jefferson St. Louis, MO 63118 P – 314-577-0150</p> |
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