

GIBRALTAR LABORATORIES, INC.  
16 Montesano Road  
Fairfield, NJ 07004-2405

Phone 973-227-6882  
FAX 973-582-1565  
www.gibraltarlabsinc.com

ONLINE SAMPLE SUBMISSION FORM (FULL Version of Acrobat Required)

P.O. No (Required for test to be scheduled) \_\_\_\_\_ Quote No: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (Confirmation will be faxed to this #) \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address Report: \_\_\_\_\_

Address Billing: \_\_\_\_\_

Test Required: \_\_\_\_\_ Click for List of Available Tests

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Samples submitted for  Initial Testing  Retest

Specification: Do you request Gibraltar to initiate an OOS investigation if out of specification results occur?

Yes No

Client Specification

Client test methods applied

Is it to be GLP?\*  Yes  No RUSH  Yes (+100% Fee) Fedex#: \_\_\_\_\_

Test Article Name: (Use Exact wording desired on final report) \_\_\_\_\_

Lot #: \_\_\_\_\_ Other Identification: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_

Comments (Please use space below for further instructions, additional lot numbers, etc.) - Shipping Acct. # \_\_\_\_\_

GBL Number: \_\_\_\_\_

This form completed by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_

GLP Note: GLP studies require three business days for protocol development. Please contact Quality Assurance for assistance (973/227-6882, Ext: 514).

Non-GLP studies conform to the same standards as GLP except for additional administrative and record keeping requirements.

If payment is to be made by Credit Card please go to <http://www.gibraltarlabsinc.com/Credit Card Processing.htm> and follow directions.