**PURCHASE ORDER FORM**

Company name and address Telephone No. Fax No.

Report sent to attention of Invoice sent to (if different from above)

Purchase Order No. Date submitted Signature Date received Signature

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| **SAMPLE DESCRIPTION** | **SAMPLE IDENTIFICATION** | **ANALYSIS REQUESTED** | **ESTIMATED LEVEL** | **MSB Lab ID** |
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Please check followings if any Rush service is need:

Rush service: one day; two days; three days

(Note: rush service is a premium of 100, 75 and 50% premium for 1, 2 and 3 days, respectively)

**Specific Instruction:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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