NIS LABS

Date:			
Submit Samples to:		**Requested By:**	
NIS Labs 1437 Esplanade Klamath Falls, Oregon 97601		**Contact:** **Company:** **Address:** **Phone:** **Email:**	

Report To:		**Invoice To:**	
Contact:		**Contact:**	
Company:		**Company:**	
Address:		**Address:**	
Phone:		**Phone:**	
Email:		**Email:**	

Purchase Order #:	
***Please send a check with your samples (to arrange payment alternatives or volume pricing please email alex@nislabs.com or call – 877-797-1177)**	

Minimum sample size required per test: powder 10 grams, liquid 20 ml

Sample Name	**Lot No.**	**Sample Description**	**Storage requirements**			**Price**
			Room Temp	Refrig	Frozen	$300/ Sample
					Total	

Special Instructions: