Marsil Laboratories LLC

ALLERGENS SAMPLE SUBMISSION FORM

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3816 N Meridian Ave, Ste 113 Oklahoma City, OK 73112 (405) 917-5517

Client Information													Proje	ect In	form	atior	1	Project Codes						
Client Name:			Contact:								Project Code:								F Food C Chemistry					
Address:			Phone:									Sampled By:							Supplements Water					
City/State/Zip:			Email for I	nail for Reports:								Sample Date:							Environmental Monitoring					
PO #:																								
										Che	eck Below for Analyses Requested													
Sample ID	Sample Description			Peanuts	Tree Nuts	Milk	Egg	Gluten (Wheat)	Soy	Crustacea (Shellfish)	Sesame	Sulfite	Histamine	Gluten										
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Relinquhised By:				Lab Use Only							l		Comments											
Received By:				Logged In By:																				
Date/Time: Date/Time:			Date/Time:																					
Temp: (°C):				Marsil ID:																				