



Global Laboratory Services, Inc.

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GLS use only

Reviewed by: _____

Date: _____

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Tobacco Sample Submission Form

Client Company: _____ Date Submitted: _____

Send Results to (Name/Email): _____

Address: _____

Phone: _____ Fax: _____

Invoice Address (if different from above): _____

Send Invoice to (Name/Email): _____

Total Number of Samples Submitted: _____ (Group samples together that require same analysis)

Rush Samples? (prior approval and additional fee required) Y N **Quote Reference:** _____

Storage Requirements (Place X on line): Room Temperature _____ Refrigerate _____ Freeze _____

Tobacco Type (FC, BU, Other)	Crop Year	Grade	Container Number	Product Type (Strip, Stem, Etc.)	Country of Origin	Analyses Requested	GLS Number

Special Instructions:

Samples are subject to the Terms and Conditions on the GLS website. To read the Terms and Conditions, click [HERE](#). By signing this form, you are agreeing to and accepting those Terms and Conditions.

Submitted by: _____
Signature