



Sample Submission Form

This page must accompany sample to the applications lab.

Company: _____

Name: _____

Title: _____

Address: _____

P. O. Box / Street

City

State

Zip Code

Phone: _____ Fax: _____ e-mail: _____

Type of Analysis:

_____ Pyrolysis-GC

_____ Dynamic Headspace

_____ Purge & Trap

_____ Thermal Desorption

_____ Other: _____

Sample Information – please be specific:

Sample Type: _____

*****Is the sample considered potentially hazardous or toxic? If so, please submit MSDS to Mr. Thomas Wampler or Mr. Charles Zawodny, fax number 610-932-4158, for discussion prior to sending samples.*****

Matrix: _____

Component of Interest: _____

Concentration Level: _____

Melting Point: _____

Boiling Point: _____

Additional Comments: _____

***Please contact Mr. Thomas Wampler or Mr. Charles Zawodny
Prior to sending your sample to discuss application.***

610-932-3636 or 800-541-6593

Send sample to:
CDS Analytical, Inc.
Applications Lab
465 Limestone Road
Oxford, PA 19363