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|  |  | **International Chemical Analysis Inc.** |
|  |  |  |  |  11110 W Oakland Park Blvd  |
|  |  |  |  | # 199 |
|  |  |  |  | Sunrise, FL 33351 USA |
|  |  |  |  |  |

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| --- | --- | --- | --- |
| **Submitter Name:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Institution:** |  |

|  |  |
| --- | --- |
| **Address: Institution:** |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Fax:** |  |

|  |  |
| --- | --- |
| **Email: Institution:** |  |

**Method of Payment: Please Choose Method.**

**- Purchase Order Yes/no**

 **PO # (If Applicable):\_**

**- Credit Card: Yes/no If yes, please send Credit Card Authorization**

 **Form after we invoice you.**

**- Check: Yes/no**

**- Bank-Wire Transfer: Yes/no**

**- Other (Specify):**

**Please fill as much information as you can for each sample**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Sample ID** | **Material Type** | **Weight** | **Delta R Correction****(If applicable)** | **Geographic****Location** | **Expected Age** |
| **1** |  |  |  | +/- |  |  |
| **2** |  |  |  | +/- |  |  |
| **3** |  |  |  | +/- |  |  |
| **4** |  |  |  | +/- |  |  |
| **5** |  |  |  | +/- |  |  |
| **6** |  |  |  | +/- |  |  |
| **7** |  |  |  | +/- |  |  |
| **8** |  |  |  | +/- |  |  |
| **9** |  |  |  | +/- |  |  |
| **10** |  |  |  | +/- |  |  |
| **11** |  |  |  | +/- |  |  |
| **12** |  |  |  | +/- |  |  |
| **13** |  |  |  | +/- |  |  |
| **14** |  |  |  | +/- |  |  |
| **15** |  |  |  | +/- |  |  |
| **16** |  |  |  | +/- |  |  |
| **17** |  |  |  | +/- |  |  |
| **18** |  |  |  | +/- |  |  |
|  **19** |  |  |  | +/- |  |  |
| **20** |  |  |  | +/- |  |  |