ANALYTICAL REQUEST FORM

elba LABORATORIES
1925 west maple road
suite 3
troy, mi 48084
248.288.6098

1925 W. Maple Rd ▪ Troy, MI 48084 ▪ (248) 288-6098

From: _____ To: _____

Project Name: Finished Product Testing

Report Results To: *Elba Laboratories*

Company/Address: *Elba Laboratories*
1925 W. Maple Road, Troy, MI 48084

ANALYSIS REQUESTED

SAMPLE IDENTIFICATION	SAMPLING Lot #	Date	Time	pH	Specific Gravity	Melting Point	Viscosity	Visual ID	Assay*

Form 6.73 REV 01 06-21-16

Received By: *Quality Control*
Company: *Elba Laboratories: Quality Control*

***Assay Codes**
T- *Titration*
H- *HPLC*
G- *Gas Chromotography*
AA- *Atomic Absorption*