



ILC MICRO-CHEM INC.
 6535 Millcreek Dr. Unit 62, Mississauga, ON L5N 2M2
 Ph: 905-858-8630 Fx: 905-858-0771

ALLERGEN SAMPLE SUBMISSION FORM

CHAIN OF CUSTODY RECORD

Report Information

Company: _____
 Contact: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Invoice Information

(Same as Report Information)

Company: _____
 Contact: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

ILC REPORT NUMBER	
Date Rec'd by ILC	
Temperature on Receipt	
PO#	
Quote #	

Additional Reporting Information		Indicate analysis and method required																		
Rush Please contact the laboratory to confirm rush dates and times before submitting samples. Upon filling out this section, client accepts that surcharges will be attached to this analysis Required on : <input type="checkbox"/> All Analysis or <input type="checkbox"/> As Indicated	Date Required	Egg (MDL 0.5ppm)	Gluten (MDL 5.0ppm)	Milk (MDL 2.5ppm)	Mustard (MDL 0.5ppm)	Peanut (MDL 2.5ppm)	Soy (MDL 2.5ppm)	Sulphite (MDL 10ppm)	Crustacean (MDL 0.5 ppm)	Walnut (MDL 10 ppm)	Sesame (MDL 0.5ppm)	Almond (MDL 2.5ppm)	Hazelnut (MDL 2.5ppm)							
	Authorized Customer Signature																			
	ILC Rush Acceptance Signature																			
Sample Identification	Date Sampled																			
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

All samples must be clearly identified and all applicable areas of the submission sheet completed. Improper or incomplete submission sheets may result in delayed sample processing. If method is not specified, ILC will use official methods based on sample matrix. If sample is sent ground, please provide sufficient sample description. Please refer to www.ilcmicro-chem.com/ for information on accredited methods, sampling and details on submitting samples for testing.

Relinquished by: (Signature/Print)	Received by: (Signature/Print)	Date/Time	Purpose of Change/Remarks



ILC MICRO-CHEM INC.

6535 Millcreek Dr. Unit 62, Mississauga, ON L5N 2M2
 Ph: 905-858-8630 Fx: 905-858-0771

SAMPLE SUBMISSION FORM for Nutritional Analysis

CHAIN OF CUSTODY RECORD

Report Information

Company: _____
 Contact: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Invoice Information

Company: _____ (Same as Report Information)
 Contact: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

ILC REPORT NUMBER	
Date Rec'd by ILC	
Temperature on Receipt	
PO#	
Quote #	

Additional Reporting Information		Indicate analysis and method required													
Rush Please contact the laboratory to confirm rush dates and times before submitting samples. Upon filling out this section, client accepts that surcharges will be attached to this analysis Required on : <input type="checkbox"/> All Analysis or <input type="checkbox"/> As Indicated	Date Required	CDN / US Nutritional by Analysis	CDN NFP Required (PDF format)	US NFP Required (PDF format)											
	Authorized Customer Signature														
	ILC Rush Acceptance Signature														
Sample Identification	Date Sampled														
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

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Relinquished by: (Signature/Print)	Received by: (Signature/Print)	Date/Time	Purpose of Change/Remarks

**NFP=Nutrition Facts Panel Note: All CDN NFP will be supplied in 3.1B format if Available Display Surface has not been provided

