

**Analytical
Request
Form**

**AIB International
Laboratory Services**
1213 Bakers Way
Manhattan, KS 66502
Phone: (785) 706-0156 Fax: (785) 537-1493
e-mail: bglaser@aibonline.org



Date Sent: _____

Submitter: _____

Company: _____

Address: _____

Phone/Fax: _____

Contact Person: _____

e-mail: _____

Invoice to: (if different):

Company: _____

Address: _____

Phone/Fax: _____ / _____

Purchase Order #: _____

Sample Description	Sample ID	Analyses Requested	Estimated Levels*

* Please provide estimated levels of constituents if available. Failure to do so may require additional testing at submitter's expense.

Special Instructions:	Additional Services:
	Rush (additional charges apply)
	Other: