CPL SAMPLE SUBMISSION FORM

Ohio Department of Agriculture
Consumer Protection Laboratory
8995 East Main Street
Reynoldsburg, OH 43068
Phone: 614-728-6230, Fax: 614-728-6322

SPECIAL INSTRUCTIONS (Check if applicable)

☐ Call at 614-728-6230 before bringing the sample to CPL

☐ Bring the Service fee $_____ in the form of check or money order along with sample(s)

Submitted by:	**Send report to:** Mail ( )/Fax ( ):
NAME:	NAME:
ADDRESS:	ADDRESS:
	ATTN:
PHONE: FAX:	Phone: FAX:

SAMPLE ID NUMBER	TEST REQUESTED	SAMPLE DESCRIPTION	CLAIM (If Applicable)

☐ **I authorize the CPL to perform indicated tests**

NAME: SIGNATURE: DATE:

COMMENTS

CHAIN OF CUSTODY (For Lab use only)

Received by:	Time and Date:
Received by:	Time and Date:
Received by:	Time and Date: