

**Shipping address:**

Kroff Lab Services, Inc
2301 Duss Ave
Building 1A, Suite 34
Ambridge, PA 15003

Lab Phone: 412-224-6000**Lab Email:** KLS_Total@kroff.com

Please complete and submit this form prior to sending samples to the lab.

LAB SAMPLE SUBMISSION FORM

Your Name:**Email:****Phone:****Submission Date:****Account Name:**☐ Existing Customer☐ Prospect**Estimated Annual Account Revenue:****Account City & State:****Kroff Company:****Number of Samples:****Requested Turnaround Time or Date:****Shipment Carrier:****Tracking Number (if known):****Analysis Billing:**☐ Deduct ☐ Bill to Customer**Reason for Sample Submission:**

Sample Name	Sample Date	System Type	Treated?	Treatment Description	Standard Water Analysis	Deposit Analysis	Microbio Testing	Product Analysis	Treatment Testing	Additional Testing and/or Comments and/or Hazards
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Additional Comments about Project: