



**Clinical  
Research  
Laboratories, Inc.**

**Client Sample Submission Form**

<b>Company Name</b>					
<b>Company Address</b>					
<b>Contact Name, Title</b>					
<b>Billing Name &amp; Address</b>					<input type="checkbox"/> same as above
<b>PO Required</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>PO #</b>	
<b>Study Type</b>				<b>Number of Subjects</b>	
				<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> Other	
<b>Test Material Name</b>		<b>Patch Type</b> Choose One Item	<b>Test Condition</b> Choose One Item		<b>Test Condition</b> Choose One Item
<b>-1</b>					
<b>-2</b>					
<b>-3</b>					
<b>-4</b>					
<b>-5</b>					
<b>-6</b>					
<b>-7</b>					
<b>-8</b>					
<b>-9</b>					
<b>-10</b>					
<b>-11</b>					
<b>-12</b>					
<b>-13</b>					
<b>-14</b>					
<b>-15</b>					