

Sample Submission Form

General Instructions: Please type or print. Check appropriate boxes. Use additional forms if necessary. Return form with samples to: KFL, 45 Manning Road, Billerica, MA 01821-3934 USA. For additional Info: 978-667-6900 • 978-667-6999 Fax • dkrueger@kfl.com • www.kfl.com.

CONTACT INFORMATION				TURNAROUND REQUIRED
Company				Standard
Mailing Address		City		Rush (<i>priority surcharge applies</i>)
State	Postal Code	Country		ADDITIONAL ASSISTANCE
Send Results to:		Telephone	Ext	Fax Results (<i>no charge</i>) Fax #
E-mail				Send Brochure (<i>Service & Fee Schedules</i>) <input type="checkbox"/> PDF (E-mail) <input type="checkbox"/> Print (Mail)
Purchase Order #		Date		

SAMPLE DESCRIPTION	SAMPLE CODE	COUNTRY OF ORIGIN

ANALYSES	EXPECTED LEVEL
<input type="checkbox"/> Fruit Juice Authenticity	
<input type="checkbox"/> Flavor Analysis (<i>indicate right</i>)	
<input type="checkbox"/> FDA/NLEA Nutritional Labeling Package (<i>indicate serving size</i> _____)	
<input type="checkbox"/> Nutritional Analysis (<i>indicate right</i>)	
<input type="checkbox"/> Proximates (<i>ash, fat, moisture, protein, calories, carbohydrates</i>)	
<input type="checkbox"/> Pesticide and Residue Analysis (<i>indicate right</i>)	
<input type="checkbox"/> Microbiological Analysis (<i>indicate right</i>)	
<input type="checkbox"/> Vanilla Analysis (<i>indicate right</i>)	
<input type="checkbox"/> Other Analysis (<i>indicate right</i>)	

BACKGROUND INFORMATION SPECIAL INSTRUCTIONS