

### MODIFIED AMES SAMPLE SUBMISSION FORM

| Client Information                |   |
|-----------------------------------|---|
| Company Name:                     | Purchase Order (required for billing purposes): |
|                                   | Quotation No (required for billing purposes):   |
| Mailing Address:                  | Submitted by:                                   |
|                                   | Email Address:                                  |
| Tel:                      Mobile: | Date:   |
| Fax:                              |   |

| Sample Information -  |  |
|---|--|
| <div style="text-align: center;">Sample Description</div> <small>(sample ID, # and volume of products sent)</small> | Sample Collection Date:<br><br>Sample Collection Time: |
|   | <b>MODIFIED AMES TEST<br/>(ESTM 1687-10)</b>           |
|   |  |
|   |  |
|   |  |

**Any other special requirements (please specify):**