



Worldwide Leaders in In Vitro Spectroscopy

SAMPLE SUBMISSION FORM (1) Please **TYPE** information in all required fields of this editable form. (2) **SAVE** a copy of completed PDF on your Computer (if you don't save the PDF, you will lose everything you typed into the form). (3) Email the saved form (as an attachment) to info@ims-usa.com (and include "SPF Sample Submission Form" in the subject line) or (3) Print the completed form and fax it to (207) 780-1517. (4) **Please enclose a copy of this form with your test samples.**

Client Information

DATE _____

NAME & TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

TEL _____ FAX _____ E-MAIL _____

Sample Information

SAMPLE CODE/LOT# _____

NUMBER OF SAMPLES _____

DATE SHIPPED TO IMS _____

Select Desired Testing (Normal Turnaround is 5 Business Days – Please call for Expedited Service)

___ SPF (Static) ___ WATER RESISTANCE (80 min) ___ PHOTOSTABILITY (Please Call)

SPF Results

SEND RESULTS VIA ___ E-MAIL ___ FAX

E-MAIL/FAX ADDITIONAL COPY OF RESULTS TO:

NAME _____

EMAIL/FAX _____

Billing Information

PURCHASE ORDER # _____

(PLEASE ATTACH COPY OF P. O.)

CREDIT CARD

BILL TO: ___ ADDRESS ON P.O.

___ OTHER (please input below)

For Credit Card orders, after your sample submission has been reviewed/approved – we will email you an electronic invoice (Intuit Quickbooks) so you can securely input your credit card information.

NAME & TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

TEL _____ FAX _____ E-MAIL _____

Please remember to: (1) complete, **save** and **FAX this form to (207) 780-1517** or **email it to info@ims-usa.com** and (2) **enclose a copy of this form with the samples** and ship to our testing facility at:

**IMS Inc. ♦ 110 Marginal Way ♦ PMB 155 ♦ Portland, ME 04101- 2497
TEL + 1 207 773 1044 ♦ FAX + 1 207 780 1517**