



Sample Submission Form

Name: Title: Mr Ms Mrs Dr
Address:
Phone #:
Alt. Phone #:
Email:

Samples for Analysis: _____ Date: ____/____/____

When labeling samples be sure to write clearly and underline the numbers to avoid confusion (i.e. 1 vs 7, 6 vs 9, 16 vs 91, etc)

Payment Must Be Enclosed with Sample(s). Cost per sample: \$550

Results will be mailed in 2-3 weeks to above address. If an alternate address is preferred, please indicate that in the comments section below.

Please contact LifeLine Labs for pickup of sample(s) or send sample(s) to:

LifeLine Labs, LLC
1088 Wellington Way, Unit C
Lexington, KY 40513

Comments: