



General Analysis Authorization Form

Each sample requires an individual Analysis Authorization Form.
As of January 1, 2024, samples will not be tested until an AA form is received.

Report Results to:	ATTACH COMPLETE BILLING ADDRESS IF DIFFERENT FROM REPORTING ADDRESS. IF THIRD PARTY SAMPLING, INDICATE INFORMATION THAT SHOULD APPEAR ON THE REPORT AND CONTACTS FOR DISTRIBUTION.				
Check if Reporting Address and Contact Information Remains the Same as your Previous Sample					
<u>Company:</u>	<u>Contact(s):</u>				
<u>Street Address:</u>					
<u>City:</u>					
<u>State / Zip Code:</u>	<u>Email(s):</u>				
<u>Country:</u>					
<u>Phone Number:</u>					
Financial Information:					
<u>Invoice #:</u>	<u>PO #:</u>				
----OR----	<u>CC #:</u>				
<u>Quote #:</u>	<u>CC Code / Exp Date:</u>				
Sample Information:					
<u>Indicate Sample ID:</u>	<u>Sample Date:</u>		<u>Est. Pressure:</u>		
<u>Cylinder Type:</u> INDICATE QUANTITY OF EACH	<u>Security Tag #'s:</u>				
Gas Sampling Bag	Cosmodyne		No-Haz Kit		
High-Pressure Cylinder	Mini-Cylinder		Other:		
Analytical Program:					
<u>Sample Matrix:</u>			<u>Source:</u> Liquid Gas		
<u>Specification Required:</u>					
Indicate Individual Tests to add to Program or Tests Requested for Troubleshoot:					
NCGs (H ₂ , N ₂ , O ₂ /Ar, CH ₄ , CO)	Microscopic Exam	Oxygen	Helium	CO	THC
NCGs Cryo (H ₂ , N ₂ , O ₂ , Ar, CH ₄ , CO)	Acetaldehyde (AA)	CO ₂	Benzene	BTEX	H ₂ S
Volatile Hydrocarbons (C ₁ -C ₆ +))	Water Vapor	Total Sulfur	Acid Gases	SO ₂	COS
Volatile Sulfurs (VSC)	Volatile Oxygenates (VOX)	IR Scan	NVR/NVOR	NO _x	NO
Qualitative GC/MS Scan	Vinyl Chloride (VCl)	HCN	Siloxanes	PH ₃	NO ₂
Quantitative GC/MS Scan	Heavy Metals	TNMHC	Oil ID	CH ₄	NH ₃
Vol Halogenated Hydrocarbons (VXH)	Specific Gravity	Other:			
Sample Disposition: SAMPLE WILL BE SAVED FOR 3 DAYS AFTER REPORT DISTRIBUTION UNLESS OTHERWISE SPECIFIED.					
<u>Dispose</u>	<u>Clean & Return Customer Owned Kit</u>	<u>Retain for Specified Time Period:</u>			
<u>Return Remaining Sample:</u>		<u>Other:</u>			
Service Desired: ADDITIONAL FEES WILL APPLY FOR NON-STANDARD TEST SCHEDULING. BY SIGNING BELOW, YOU AGREE THAT RESPECTIVE FEES LISTED WILL BE APPLIED TO THE TOTAL COST OF YOUR PROGRAM. NO EXPEDITE REQUESTS WILL BE COMPLETED WITHOUT A VALID SIGNATURE BELOW.					
Standard 3-5 Workdays		Same Day AM Arrival (300% Analysis Surcharge)			
3rd Workday Guarantee (175% Analysis Surcharge)		Same Day PM Arrival (375% Analysis Surcharge)			
2 Workdays (225% Analysis Surcharge)		Weekend (400% Analysis Surcharge)			
1 Workday (275% Analysis Surcharge)		Holiday (600% Analysis Surcharge)			

Name:

Signature:

Date: