

METABOLIC ANALYSIS LABS, INC
1202 ANN STREET
MADISON , WI 53713
Phone 608 255-2491
Fax 608 257-3015

TEST REQUEST FORM : L-CARNITINE

CLIENT:

INSTITUTION _____

ATTENTION _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ **FAX*** _____ **EMAIL** _____

P.O. # (include if you require one for billing) _____

→ PLEASE INCLUDE BILLING ADDRESS IF DIFFERENT THAN ABOVE.

PRODUCT DESCRIPTION	LOT# /BATCH#	ESTIMATE (IF KNOWN) **	UNIT

→PLEASE CALL FOR PRICING AND SAMPLE REQUIREMENTS FOR YOUR PRODUCT TYPE

NORMAL TURNAROUND TIME IS 3 - 5 WEEKDAYS AFTER SAMPLE RECEIPT
PLEASE NOTE IF YOU NEED "RUSH" PROCESSING

*** ALL RESULTS WILL BE FAXED**

****ESTIMATE WILL SPEED TURNAROUND TIME BUT IS NOT REQUIRED**