



25120300


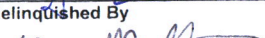
**INVOICE TO:**

## PROJECT REFERENCE

### REQUESTED ANALYSIS

[illegible]

Turnaround Time		Report Supplements	
Availability contingent upon lab approval; additional fees may apply.			
<b>Standard 5 day</b>	<input type="checkbox"/>	None Required	<input type="checkbox"/> None Required <input type="checkbox"/>
10 day	<input type="checkbox"/>	Batch QC	<input type="checkbox"/> Basic EDD <input type="checkbox"/>
Rush 3 day	<input type="checkbox"/>	Category A	<input type="checkbox"/> NYSDEC EDD <input type="checkbox"/>
Rush 2 day	<input type="checkbox"/>	Category B	<input type="checkbox"/>
Rush 1 day	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/> Other EDD <input type="checkbox"/>
please indicate date needed:		please indicate package needed:	please indicate EDD needed:
<u>Standard</u>		<u>                    </u>	<u>                    </u>

Sampled By 	Date/Time 12/3/25 16:00
Relinquished By 	Date/Time 12/4/25 UPS
Received By 1040	Date/Time 1.5 + 0.0 = 1.5
Received @ Lab By	Date/Time

Total Cost:

P.I.F.

By signing this form, client agrees to Paradigm Terms and Conditions (reverse).