



MMI RUSH SUBMITTAL FORM**

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MMI Lab ID #:

Samples Submitted By (Client Name)

Name: _____
 Company: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax:- _____
 Email: _____

Send Invoice To:

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ PO#: _____
 Phone: _____ Fax: _____
 Email: _____

Send Copy of Results To:

Name: _____
 Company: _____
 Phone: _____
 Email: _____
 Email: _____
 Email: _____
 Email: _____

Analytical Results		To get results on MMI Website:		User name: _____	
<input type="checkbox"/> Fax		Go to mmilabs.com		Phone # with no spaces or dashes _____	
<input type="checkbox"/> Email		Click analysis results		Contact name (all lower case and no spaces) _____	
<input type="checkbox"/> MMI Website		Enter your Username and Password		Password: _____	

Sample type	Description	Comments
See mmilabs.com for Sample Identification	Include a description for identification purposes	List any other descriptions including tests needed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

****Please note that there is a separate charge for RUSH Samples**