



LAB DISCOVERY SURVEY

Institution: _____

Name (First & Last): _____

Email Address: _____ **Phone Number:** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Communication Preferences: Email Phone Virtual In-Person

Non-Disclosure Agreement required: Yes No

What type of testing do you perform in your laboratory? (Select all that apply):

- Drug Seizures Forensic Toxicology Clinical Toxicology
 Clinical Lab Testing Environmental Food Testing

What type of tests are you performing? (Select all that apply):

- Screening Confirmation Unknown Identification

What best describes your labs current needs? (Select all that apply):

- New lab-start up Expert Testimony
 Lab expansion (adding capabilities, expanding testing menu(s), adding locations)
 Lab optimization (increase efficiencies & sample throughput, method optimization)
 Lab accreditation (preparing for lab audit, objective qualification of lab procedures)
 Training (technical training, method development, sample processing)
 Other - Please specify: _____

How many samples are you currently processing per month?

- 0-10 11-100 101-500 >500

What type of samples are you processing? (Select all that apply):

- Urine Blood Oral Fluid Organic Materials
 Water, soil, environmental samples Food stuffs
 Other - Please specify: _____

What Instrumentation do you have in your lab?

- Immunoassay analyzer GC/MS LC/MS Liquid handling robots

If known – please list the model and make of the instruments chosen above:

_____	_____
_____	_____
_____	_____
_____	_____

What accreditations does your lab currently hold?

- ISO17025 CAP CLIA Other – please specify: _____

Please email this completed form to
Laboratory@PinPointTesting.com
OR
Call us at 800-657-1043