



Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Client Contact : \_\_\_\_\_  
 Purchase Order \_\_\_\_\_  
 Job #: \_\_\_\_\_

Sent To: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Turn around time in bussiness days (please circle one)  
**10 Day 15 Day 21 Day 30 Days Other:** \_\_\_\_\_

	Date	Time	Sample ID	Matrix Type*	# of Cont.	Analysis Requested															
1																					
2																					
3																					
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Additional notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Relinquished by (signature)	Date	Time

Received by (signature)	Date	Time

\* Types of sample:  
 S: solids, L: liquid, DW: Drinking Water, Sm: Smear, LT: Leak Test, AF: Air Filter, Si: Silica Gel, VG: vegetation, Bio: Bioassay