



Company:			Client No.:		Date:
Street:			City:		State: Zip:
Contact:	Phone:	Fax:		E-mail:	
Site:				PO / Job#:	

Comments:

Turn Around Time:	Due Date:	Due Time:	Report Via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal
-------------------	-----------	-----------	----------------------------------------------------------------------------

Sample ID	Date / Time	Sample Location / Substrate	Area / Volume	Analysis Requested

Sampled By:	Date:	Time:
-------------	-------	-------

Shipped Via: Fed Ex DHL Airborne UPS US Mail Courier Drop Off Other:

Relinquished By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Received By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received By: Date / Time: Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No