



Company:				Client No.:		Date:	
Street:				City:		State:	Zip:
Contact:		Phone:		Fax:		Email:	
Site:						PO / Job#:	
Comments:							
Turnaround Time:			DUE DATE:			DUE TIME:	
Report Via: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Verbal							
Sample ID	Sample Date / Time	Sample Location & Water System	Volume Collected (ml)	Water Type (Drinking, Waste, Recreational, Surface, Process, etc)	Analysis Requested	For Lab Use Only	
						Hold Time Met? Y/N DW=30hr S/RW=8hr WW=6hr	Water Temp. Upon Receipt
Sampled By:				Date:		Time:	
Shipped Via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> DHL <input type="checkbox"/> Airborne <input type="checkbox"/> UPS <input type="checkbox"/> US Mail <input type="checkbox"/> Courier <input type="checkbox"/> Drop Off <input type="checkbox"/> Other:							
Relinquished By:		Relinquished By:			Relinquished By:		
Date / Time:		Date / Time:			Date / Time:		
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Received By:		Received By:			Received By:		
Date / Time:		Date / Time:			Date / Time:		
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SGS Forensic Laboratories may subcontract client samples to other SGSFL locations to meet client requests.
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