



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
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Sample ID	Date / Time	Sample Location / Substrate	FOR AIR SAMPLES ONLY			Sample Area / Air Volume	Sample Type	PCR Panel(s) Requested or Custom Panel
			Time On/Off	Avg. LPM	Total Time			

Sampled By:	Date:	Time:
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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

Forensic Analytical Laboratories may subcontract client samples to other FALL locations to meet client requests.
 San Francisco Office: 3777 Depot Road, Suite 409, Hayward, California 94545-2761 / Telephone: (510)887-8828 * (800)827-3274 / Fax: (510)887-4218
 Los Angeles Office: 2959 Pacific Commerce Drive, Rancho Dominguez, California 90221 / Telephone: (310)763-2374 * (888)813-9417 / Fax: (310)763-4450
 Las Vegas Office: 6765 S. Eastern Avenue, Suite 3, Las Vegas, Nevada 89119 / Telephone: (702)784-0040 / Fax: (702)784-0030