



LAB ID:	REPORT TO:	INVOICE TO:
PROJECT NAME:	Company:	Company:
	Address:	Address:
	City, State Zip:	City, State Zip:
TURNAROUND TIME: STANDARD, RUSH or OTHER _____	Phone: Fax:	Phone: Fax:
	E-Mail:	Purchase Order #:

LAB ID <i>(Lab Use Only)</i>	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS						

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: _____

RELINQUISHED BY*: _____ DATE: _____ TIME: _____

RECEIVED BY: _____ DATE: _____ TIME: _____

RELINQUISHED BY*: _____ DATE: _____ TIME: _____

RECEIVED BY: _____ DATE: _____ TIME: _____

FOR LAB USE ONLY	
PRESERVATIVE: _____	FOR POTABLE WATER ONLY:
TOTAL NUMBER OF CONTAINERS: _____	COLIFORM BACTERIA:
CUSTODY SEAL INTACT? YES NO	Present Absent
SAMPLE ON ICE? YES NO	If Present, Date Client is
TEMPERATURE: _____ C	contacted with result:
SAMPLE IN COMPLIANCE: YES NO	Date: _____
	Contacted By: _____

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis