

LABORATORY CLIENT:				CLIENT PROJECT NAME / NUMBER:				P.O. NO.:						
ADDRESS:				PROJECT CONTACT:				QUOTE NO.:						
CITY:				SAMPLER(S) - (SIGNATURE)				LAB USE ONLY <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
TEL:		E-MAIL:		REQUESTED ANALYSIS										
TURNAROUND TIME <input type="checkbox"/> 10 to 14 days at list cost <input type="checkbox"/> 1 to 4 days at 2X list cost														
SPECIAL REQUIREMENTS (ADDITIONAL COSTS MAY APPLY) <input type="checkbox"/> E-mail REPORTING <input type="checkbox"/> ARCHIVE SAMPLES UNTIL ___ / ___ / ___														
SPECIAL INSTRUCTIONS														
LAB USE ONLY	SAMPLE ID	LOCATION / DESCRIPTION	SAMPLING		MAT-RIX	NO. OF CONT.								
			DATE	TIME										
Relinquished by: (Signature)						Received by: (Signature)						Time:		
Relinquished by: (Signature)						Received by: (Signature)						Time:		
Relinquished by: (Signature)						Received by: (Signature)						Time:		