



Client Name	Project Identification	Sampler (Signature/Attestation of Authenticity)	Telephone #
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Report Address	Contact Name	<b>ANALYSES / PARAMETERS</b>	
Invoice Address	Email		
	Phone		
	Purchase Order #		

ITEM	LAB ID <i>(Lab Use Only)</i>	DATE SAMPLED	TIME	SAMPLE IDENTIFICATION	Matrix	# of Containers	ANALYSES / PARAMETERS								REMARKS
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															

LAB COMMENTS	Relinquished By (Signature/Printed)	DATE	TIME	Received By (Signature/Printed)	DATE	TIME

SHIPPING INFO	MATRIX CODES	TURN AROUND TIMES	COMPLIANCE INFORMATION	ADDITIONAL REMARKS
<input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> USPS <input type="checkbox"/> Hand Carried <input type="checkbox"/> Other _____	Water WT Soil SL Solid SD Filter FT Other OT	<b>Check desired service</b> <input type="checkbox"/> Standard turnaround <input type="checkbox"/> <b>RUSH - 5 Working Days</b> <input type="checkbox"/> <b>URGENT - &lt; 2 Working Days</b> <i>Rush &amp; Urgent Surcharges will be applied</i>	Compliance Monitoring ? Y / N Program (SDWA, NPDES,...) PWSID / Permit # Chlorinated? Y / N Sample Disposal: Lab _____ Client _____	