



Client Name				Project Identification				Sampler (Signature/Printed)				Telephone #			
Report Address				Contact Name and Email				ANALYSES / PARAMETERS							
Invoice Address				Voice FAX											
				Purchase Order #											
REMARKS															
ITEM	LAB ID <i>(Lab Use Only)</i>	DATE SAMPLED	TIME	SAMPLE IDENTIFICATION				Matrix	# of Containers					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		Water WT		Check desired service				Compliance Monitoring ?				Y / N			
<input type="checkbox"/> Fed Express		Soil SL		<input type="checkbox"/> Standard turnaround				Program (SDWA, NPDES, ...)							
<input type="checkbox"/> US Mail		Solid SD		<input type="checkbox"/> RUSH - 5 Working Days				PWSID / Permit #							
<input type="checkbox"/> Hand Carried		Trip Blank TB		<input type="checkbox"/> URGENT - < 2 Working Days				Chlorinated?				Y / N			
<input type="checkbox"/> Other _____		Other OT		<i>Rush & Urgent Surcharges will be applied</i>				Sample Disposal: Lab _____ Client _____							