★ MICROBAC* 600 E 17th St. S Newton, IA 50208 P: 641-792-8505 F: 641-792-7989   fuels.cs@micro
--

<b>CHAIN</b>	OF	CUST	<b>Y</b> OOT	<b>RFCORI</b>
	$\mathbf{O}$			IVECOIVE

Number			

of

Page

Lab Report Address			Invoice Address				Turnaround Time										
Client Name		Client Name:					□ Routine (3 to 5 business days) □ RUSH* (3 or less)										
Address:	Address:					needed by:											
City, State, Zip: Contact: Telephone No.:			City, State, Zip:														
			Contact: Telephone No.:			Cu	Custody Seals Intact? Yes □ No □N/A □										
							otouy co	uio ii i c		163	140	L 14//	7.1.				
Email:																	
Project:		L	Location: PON				P O No.:										
Sampled by	(PRINT):	S	Sampler Signature:			Sampler	Phone No	).:									
									K	EQUES	IED AI	NALYSI	5				
Lab ID	Client Sample ID	Date Collected	Time Collected	No. of Containers	Matrix												Additional Notes
Comments																	
			Relinquished By (signature)  Date/		Time Rec			Receiv	Received By (signature)				Date/Time				
	Relinquished By (signature) Date		Date/	Time	ne Received By (signature)					ture)	Date/Time						
			Relinquished B	y (sigr	nature)	Date/	ate/Time Received E		Received By (signature)				Date/Time				