



Lab Report Address		Invoice Address		Turnaround Time	
Client Name:		Client Name:		<input type="checkbox"/> Routine (3 to 5 business days)	
Address:		Address:		<input type="checkbox"/> RUSH* (3 or less)	
City, State, Zip:		City, State, Zip:		needed by:	
Contact:		Contact:			
Telephone No.:		Telephone No.:		Custody Seals Intact? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Email:					
Project:		Location:		P O No.:	
Sampled by (PRINT):		Sampler Signature:		Sampler Phone No.:	

REQUESTED ANALYSIS															
Lab ID	Client Sample ID	Date Collected	Time Collected	No. of Containers	Matrix										Additional Notes
Comments						Relinquished By (signature)		Date/Time		Received By (signature)		Date/Time			
						Relinquished By (signature)		Date/Time		Received By (signature)		Date/Time			
						Relinquished By (signature)		Date/Time		Received By (signature)		Date/Time			