

Project Name: _____ Project Number: _____

Project Manager: _____ Company: _____

Company/Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Sampler's Signature: _____

Number of Containers	Analysis Requested										REMARKS

Sample I.D.	Date	Time	LAB ID	Matrix

TURNAROUND REQUIREMENTS
 _____ 24 hr* _____ 48 hr* _____ 3BD* _____ 5 BD*
 * RUSH TAT additional surcharges apply
 _____ Standard (10 BD)
 Requested Report Date: _____

REPORT REQUIREMENTS

_____ I. Routine Report: Results and Method Blank
 (Surrogate, as required)

_____ II. Results w/ QC (Dup., MS, MSD as req)

_____ III. Results (with QC and Calibration
 Summaries)

_____ IV. ASP-B Package

_____ EDD?
 EDD Type: _____

Comments/Special Instructions:

Invoice Information

P.O. # _____

Bill to: _____

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____