



Client Name	Project Identification	Sampler (Signature/Attestation of Authenticity)	Telephone #
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Report Address	Contact Name	ANALYSES / PARAMETERS	
	Email		
Invoice Address	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	Check desired service <input type="checkbox"/> Standard turnaround <input type="checkbox"/> RUSH - 5 Working Days <input type="checkbox"/> URGENT - < 2 Working Days <i>Rush & Urgent Surcharges will be applied</i>	Compliance Monitoring ? Y / N Program (SDWA, NPDES,...) PWSID / Permit # Chlorinated? Y / N Sample Disposal: Lab Client	