



REPORT TO:		INVOICE TO:	
Company:		Company:	
Address:		Address:	
City, State Zip:		City, State Zip:	
Phone: Fax:		Phone: Fax:	
E-Mail:		Purchase Order #:	

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

BIOCIDE:

SAMPLED BY*:

RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY	
PRESERVATIVE: _____	FOR POTABLE WATER ONLY:
TOTAL NUMBER OF CONTAINERS: _____	COLIFORM BACTERIA:
CUSTODY SEAL INTACT? YES NO	Present Absent
SAMPLE ON ICE? YES NO	If Present, Date Client is
TEMPERATURE: _____ C	contacted with result:
SAMPLE IN COMPLIANCE: YES NO	Date: _____
	Contacted By: _____