

LABORATORY TEST REQUEST

ACCOUNT NUMBER, NAME AND ADDRESS



10329 Stony Run Lane
Ashland, VA 23005
(804) 365-3000
TOLL FREE (800) 888-8061
FAX (804) 365-3002

DATE SHIPPED	# OF SAMPLES	SAMPLE TYPE/MEDIA	PROJECT NAME OR NUMBER
PURCHASE ORDER NO.		CONTACT	TELEPHONE NUMBER
TURN AROUND TIME <input type="checkbox"/> SAMEDAY <input type="checkbox"/> 2 DAY <input type="checkbox"/> 1 DAY <input type="checkbox"/> STANDARD <input type="checkbox"/> CALL FOR AVAILABILITY <input type="checkbox"/> EXTRA CHARGE		SPECIAL INSTRUCTIONS AND/OR UNUSUAL CONDITIONS:	<input type="checkbox"/> FAX RESULTS FAX NUMBER: () _____ <input type="checkbox"/> EMAIL RESULTS - EMAIL: _____

FOR LABORATORY USE ONLY	SAMPLE # OR SAMPLE AREA	SAMPLE DATE	SAMPLE VOLUME/LITERS	ANALYSIS REQUESTED-PLEASE USE SEPARATE LABORATORY TEST REQUEST FOR EACH SAMPLE TYPE

CHAIN OF CUSTODY RECORD

SAMPLES HAVE BEEN SEALED FOR TRANSPORT AND DELIVERED TO LABORATORY VIA: CARRIER _____ IF "ANALYTICS COURIER" SIGN HERE _____	SIGN HERE TO INITIATE CHAIN OF CUSTODY _____ DATE _____
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DATE/TIME	CONDITION OF SAMPLE	SAMPLES RECEIVED BY: SIGNATURE(SAMPLE RECEIVING)	SAMPLES RELEASED BY: SIGNATURE(SAMPLE RECEIVING)

PLEASE RETAIN PART 3 FOR YOUR RECORDS



FOLEY COMPANY - P. O. BOX 442, RICHMOND, VA 23218 804-649-9038

