

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"/> SAME DAY <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	ANALYSS 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:	SAMPLES RELEASED BY:
		SIGNATURE(SAMPLE RECEIVING)	SIGNATURE(SAMPLE RECEIVING)
		SIGNATURE(SAMPLE ADMINISTRATION)	SIGNATURE(SAMPLE ADMINISTRATION)
		SIGNATURE(LAB)	SIGNATURE(LAB)
		SIGNATURE(LAB)	SIGNATURE(LAB)

PLEASE RETAIN A COPY FOR YOUR RECORDS