Client Name/Address			Client Project Manager/Contact			Billing Information					For Laboratory Use Only							
Project Description			Project/Site Location (City/State)				RUSH – Additional charges apply Special Detection Limit(s) Date Results Needed					Method of Shipment Fed Ex UPS USPS Courier Client Drop Off Other				Matrix Key WW – Wastewater GW – Groundwater DW – Drinking Water S – Soil /Solid O – Oil P - Product M - Misc		
Waypoint ANALYTICAL 4190 Waring Rd. Suite #112 Lakeland, FL 33811 (863)-425-0273			Project Manager Phone #			Project Manager Email					Purchase Order Number					Site/Facility ID #		
			Unless noted, all containers per Table II of 40 CFR Part 136.		Matrix (Refer to Key)	(G)rab or (C)omposite	SM9223B									A Cool < 10C Na25: B Cool <= 6C C H2SO4 pH<2 D None Required E NaOH pH>10 F HNO3 pH<2 G HCL pH<2 H H3PO4 pH<2 I Cool <= 6C NA25:		
Date	Time Samp		ole Identification				Required Ana				nalysis / Preservative				Comments/Notes			
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			-															
For Laboratory Use Only Ice Custody Lab Comments			Sampled by (Name – Print)						Client Remarks/Comments									
Seals Y/N Y/N																		
					Relinquished by: (SIGNATURE)						Date Time Received by: (SIGNAT		IGNAT	JRE)	Date Time			
Blank/Cooler Temp		,		Relin	quishe	d by: (S	by: (SIGNATURE)				Date	Time	Receive	Received by: (SIGNATURE)			Date Time	
				Relin	quishe	d by: (SIGNATURE)				Date	Time	Receive	Received by: (SIGNATURE)			Date Time		