Client Name/Address Project Description Project Number Solution So		Client Project Manager/Contact Project/Site Location (City/State) Project Manager Phone #			Billing Information RUSH – Additional charges apply Special Detection Limit(s) Date Results Needed Project Manager Email					For Laboratory Use Only							
										Method of Shipment Fed Ex UPS USPS Courier Client Drop Off Other Purchase Order Number				Matrix Key WW – Wastewater GW – Groundwater DW – Drinking Water S – Soil /Solid O – Oil P - Product M - Misc			
															Site/Facility ID #		
		Ŵ	Unless noted, all containers per Table II of 40 CFR Part 136.	Number of Containers	Matrix (Refer to Key)	(G)rab or (C)omposite										A         Cool < 10C Na25	203 (Micro Only) 203
Date T	Time	Samp	le Identification	Ž	ŝ	(9)	Required Analy					alysis / Preservative				Comments/Notes	
-+																	
											ļ			<u> </u>			
For Laboratory Use Only				Sampled by (Name – Print)						Client Remarks/Comments					•		
Ice Custody Seals		Lab Comments															
Y/N Y/N						Relinquished by: (SIGNATURE)						Time Received by: (SIGNATURE) Date T				Date Time	
Blank/Cooler Temp			Relin			inquished by: (SIGNATURE)						Time	Receiv	Received by: (SIGNATURE)			Date Time
				Relinquishe			d by: (SIGNATURE)				Date	Time	Receiv	Received by: (SIGNATURE)			Date Time