Client Name/Address Project Description			Client Project Manager/Contact				Billing Information					For Laboratory Use Only						
			Project/Site Location (City/St	RUSH – Additional charges apply Special Detection Limit(s) Date Results Needed Project Manager Email					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 #				
Waypoint ANALYTICAL 235 Highpoint Drive Ridgeland, MS 39157 (601)957-2676		Project Manager Phone #																
		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 Na2S2 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 Na2S2			
Date .	Date Time S		ole Identification	Ž	Ĕ	g)	Required Ana				alysis / Pr	eservativ	<u> </u>			Comments	/Notes	
	<u> </u>																	
+	+												- 					
For Laboratory Use Only Sampled by					(Name – Print)				Client Remarks/Comments									
Ice	Custody Lab Comments Seals		1							•								
Y/N				Relinquishe			d by: (SIGNATURE)					Time	Received	Received by: (SIGNATURE)			Date Time	
Blank/Cooler Temp			Relir	quishe	by: (SIGNATURE)				Date	Time	Received by: (SIGNATU			RE)	Date Time			
			Relin	quishe	d by: (d by: (SIGNATURE)				Date	Time	Received by: (SIGNATURE)			RE)	Date Time		