

SUBMITTAL FORM/Laboratory Services

PAGE 1 OF 1

TURNAROUND TIME: STD 48 HR. 24 HR.
<8 HR. WKND OTHER:

RELINQUISHED BY _____

TIME / DATE

► CLIENT _____ ► DATE OF SHIPMENT _____ ► CARRIER _____

► ADDRESS _____ ► CLIENT P.O. NO. _____

▶ CLIENT JOB/PROJECT ID NO(S). _____

TELEPHONE _____

► CONTACT _____ ► PACKAGE SHIPPED FROM _____

▶ PACKAGE SHIPPED FROM

▶ RESULTS REQUESTED VIA VERBAL ☐ FAX ☐ E-MAIL ☐ E-MAIL _____

(NOTE: Complete written reports will follow all analyses, in addition to any prior transmitted verbal, fax or e-mail results) FAX NO. _____

DATE/TIME OF SAMPLE COLLECTION _____

▶ SAMPLE PRESERVATIVES HOLDING TIMES

NO. OF SAMPLES SENT SAMPLER'S NAME /

TYPE: ☐ WATER ☐ WASTE WATER ☐ SOIL ☐ FILTER ☐ SORBENT TUBE ☐ IMPINGER ☐ OTHER _____

(FOR EMS ONLY)

EMS Sample No.

CLIENT SAMPLE NO.

DESCRIPTION/LOCATION/ANALYSIS

VOLUME/
TIME/WEIGHT
(IF APPLICABLE)[illegible]

15 lines

♦ Laboratory No. _____ ♦ Received By _____ ♦ Time _____

◆ Date of Package Delivery _____ ◆ Shipping Bill Retained: YES ☐ NONE ☐

◆ Condition of Package on Receipt _____ ◆ Condition of Custody Seal _____

(NOTE: If the package has sustained substantial damage or the custody seal is broken, stop and contact the project manager and the shipper.)

◆ No. of Samples _____ ◆ Chain-of-Custody Signature _____

◆ Date of Acceptance into Sample Bank _____ ◆ Misc. Info. _____

Disposition of Samples _____

(SF 6/07)

FOR EMS ONLY