

Client:

Project Manager:

Address:

Project Name:

Telephone Number:

Project Number:

Email Address:

Samples Collected By:

Sample ID Description	Date Sampled	Time Sampled	# of Containers	Preservative				Matrix				Analysis		Sample Instructions	
				Unpreserved	HCl	HNO <sub>3</sub>	Other	Groundwater	Soil	Air Summa Canister #	Other				
															1
															2
															3
															4
															5
															6
															7
															8
															9
															10
Relinquished By:	Date:	Time:		Received By:				Date:	Time:	Turnaround Time:					
Relinquished By:	Date:	Time:		Received By:				Date:	Time:	Same Day <input type="checkbox"/>		24 Hr <input type="checkbox"/>			
										48 Hr <input type="checkbox"/>		72 Hr <input type="checkbox"/>			
										Standard <input type="checkbox"/>					

Date Results Needed

