

Client Name:	Project Name/#:	Samplers (Signature):
Report to Address:	Billing Name: Address:	Samplers (Print):
		Contact Name:
		Contact #:

Lab #	Sample ID/Location	Sample Matrix	Date Sampled	Time Sampled	Bottle Type						Analysis Requested	Acid Preserved		Upon Receipt
					1000 mL	500 mL	250 mL	125 mL	Sterile	Other		H2SO4	HNO3	

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Rec Temp: <input type="checkbox"/> Wet <input type="checkbox"/> Blue <input type="checkbox"/> Ambient      _____ Initial if okay to process samples not meeting receiving guidelines					
Receiving Comments:				Chlorine=	ppm