

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

<b>1</b>	CLIENT		P.O. NUMBER	SCHOOL NAME			MEANS SHIPPED		<b>3</b>	ANALYSIS REQUESTED					<b>4</b>	(FOR LAB USE ONLY)			
	ADDRESS		PHONE NUMBER		EMAIL		DATE SHIPPED											LEAD 200.8	LOGIN # _____
	CITY STATE ZIP		SAMPLER (PLEASE PRINT)				MATRIX TYPES:												LOGGED BY: _____
	CONTACT PERSON		SAMPLER'S SIGNATURE				WW- WASTEWATER DW- DRINKING WATER GW- GROUND WATER WWSL- SLUDGE NAS- SOLID LCHT-LEACHATE  OTHER:												LAB PROJ. # _____
<b>2</b>	SAMPLE DESCRIPTION AS YOU WANT ON REPORT			DATE COLLECTED	TIME COLLECTED	SAMPLE VOLUME COLLECTED		MATRIX TYPE	BOTTLE COUNT						DATE/TIME LAST USED				
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
							ml	DW	1								X		
<b>5</b>	TURNAROUND TIME REQUESTED (PLEASE CIRCLE)    NORMAL    RUSH (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE)			DATE RESULTS NEEDED			<b>6</b>					The sample temperature will be measured upon receipt at the lab. By initialing this area you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area you allow the lab to proceed with analytical testing regardless of the sample temperature. _____							
	RUSH RESULTS VIA (PLEASE CIRCLE)    FAX    PHONE																		
FAX # IF DIFFERENT FROM ABOVE: _____			PHONE # IF DIFFERENT FROM ABOVE: _____																
<b>7</b>	RELINQUISHED BY: (SIGNATURE)		DATE	RECEIVED BY: (SIGNATURE)			DATE	<b>8</b>					COMMENTS: (FOR LAB USE ONLY)						
			TIME				TIME												
	RELINQUISHED BY: (SIGNATURE)		DATE	RECEIVED BY: (SIGNATURE)			DATE												
		TIME				TIME	SAMPLE TEMPERATURE UPON RECEIPT _____ °C  CHILL PROCESS STARTED PRIOR TO RECEIPT    Y OR N SAMPLE(S) RECEIVED ON ICE    Y OR N PROPER BOTTLES RECEIVED IN GOOD CONDITION    Y OR N BOTTLES FILLED WITH ADEQUATE VOLUME    Y OR N SAMPLES RECEIVED WITHIN HOLD TIME(S)    Y OR N (EXCLUDES TYPICAL FIELD PARAMETERS) DATE AND TIME TAKEN FROM SAMPLE BOTTLE _____												
RELINQUISHED BY: (SIGNATURE)		DATE	RECEIVED BY: (SIGNATURE)			DATE													
		TIME				TIME													