



4653 Table Mountain Drive
 Golden, CO 80403
 303-277-9310

Lab ID	Page	of

		Send Data To:				Send Invoice To:			
Client:		Project Manager:				Company:			
Address:		E-Mail:				Project Name/Location:			
City/State/Zip:						AFE#:			
Phone:		Project Name:				PO/Billing Codes:			
Sampler Name:		Project Number:				Contact:			

ID	Sample Description	Date Sampled	Time Sampled	# of containers	Preservative				Matrix			Analysis Requested						Special Instructions		
					HCl	HNO3	None	Other _____	Water	Soil	Air-Canister #	Other _____								
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				

Relinquished by:	Date/Time:	Received by:	Date/Time:	TAT Business Days		Field DO		Notes:
				Same Day		Field EC		
Relinquished by:	Date/Time:	Received by:	Date/Time:	1 Day		Field ORP		
				2 Days		Field pH		
Relinquished by:	Date/Time:	Received by:	Date/Time:	3 Days		Field Temp.		
				Standard		Field Turb.		
Temperature Upon Receipt: _____		Corrected Temperature _____		IR gun #: _____		HNO3 lot #: _____		