

Report to:				Invoice to:				ANALYSIS REQUESTED						Turn Around Time						
Company: _____				Company: _____				Sampler Name						Standard 10 Days: _____						
Address: _____				Address: _____				Sampler's Signature						Same Day: (rate + 200%) _____						
Contact: _____				Contact: _____				TO-14VOCs	TO-15VOCs	TO-1 and/or TO-2	FIXED GASSES (CO ₂ , CO, O ₂ , N ₂ , CH ₄)	Light Hydrocarbons (C ₁ -C ₆)	Headspace (Please specify compounds)	Mercaptans & Organic Sulfur Compounds	TICs by GC/MS SCAN	RSK-175 (Methane, ethane, ethene)	MOLD ID	OTHER		
Phone: _____				Phone: _____														1 Day: (rate + 100%) _____		
Fax: _____				PO/SO: _____														2 Day: (rate + 50%) _____		
Email: _____																		3-5 Day: (rate + 25%) _____		
Proj. No.		Project Name																		
Date	Time	Can #	Identifying Marks of Sample(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lab Sample ID (Lab Use Only)		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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Relinquished by: (Signature)			Date	Time	Received by: (Signature)			Date	Time	Remarks										
Relinquished by: (Signature)			Date	Time	Received by: (Signature)			Date	Time											
												Any change for Analysis Request should be submitted by a written document								