

1. Name _____ 2. Date Submitted _____

3. Region _____ District _____ 4. Phone No. _____ FAX No. _____ Email _____

5. Address _____
(Street) _____ (City) _____ (Zip) _____

6. Inspection ID:

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 7. Urgent Lab Service Approval _____ District Manager/Senior IH Initials _____

8. Sample Information

Lab No. <i>(for lab use only)</i>	Seals * <i>(for lab)</i>	Field Sample #	Date Collected	Sample Medium/Type**	Volume	Analysis Requested (Method/Analyte)	Turn around ***	Field Information and Comments

* I = Intact B = Broken M = Missing **M = Material B = Bag AT = Absorbing Tube G = Grab Sample I = Impinger Bu = Bubbler F = Filter Paper Write In = Other
***24 = Rush (24hr) TBD = Priority (5day/TBD) 10day = Routine (10day)

9. Comments: _____

10. Custody Record:

Released By: (please print name & initial)	Time:	Date:	Received By: (please print name & initial)	Time:	Date:

11. Page # ____ of ____ - (Receiver shall sign all Pages)