

CLIENT _____
 ADDRESS _____
 CITY, STATE, ZIP _____

CONTACT NAME _____
 DAY PHONE () _____
 FAX () _____
 P.O.# _____

BILLING INFORMATION IF DIFFERENT THAN CLIENT:
 NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 COLLECTED BY _____
 PHONE () _____

PROJECT NAME: _____

SAMPLE IDENTIFICATION	MATRIX	NO. OF CONTAINERS	SAMPLE DATE/TIME	PRESERVATION	ANALYSIS / METHOD REQUESTED	LOG NO. (LAB USE ONLY)
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		
		GLASS PLASTIC OTHER	DATE TIME	<input type="checkbox"/> Ice Other: _____		

REMARKS: _____

RECEIVED VIA: CLIENT AET COURIER OTHER: _____

ON ICE? YES NO

TEMP _____ °C

CUSTODY SEAL YES NO N/A

RELEASING SIGNATURE 1. _____ DATE _____ TIME _____

RECEIVING SIGNATURE 1. _____ DATE _____ TIME _____

RELEASING SIGNATURE 2. _____ DATE _____ TIME _____

RECEIVING SIGNATURE 2. _____ DATE _____ TIME _____