

CUSTOMER INFORMATION			PROJECT INFORMATION			NUMBER OF CONTAINERS	ANALYSIS / METHOD REQUEST														LAB JOB NO. <div style="border: 1px solid black; height: 30px; width: 60px;"></div>					
COMPANY:			PROJECT NAME/NUMBER:																							
SEND REPORT TO			BILLING INFORMATION																							
NAME:			NAME:																							
ADDRESS:			ADDRESS:																							
PHONE:			PHONE:																							
FAX:			FAX:																							
SAMPLE NO. <small>(Or Range, Or Attach List)</small>			SAMPLE DESCRIPTION																							
<b>SAMPLER:</b>			<b>SHIPMENT METHOD:</b>																					<b>AIRBILL NO.:</b>		
<b>1. RELINQUISHED BY:</b>		DATE	<b>2. RELINQUISHED BY</b>		DATE	<b>3. RELINQUISHED BY</b>		DATE																		
SIGNATURE:			SIGNATURE:			SIGNATURE:																				
PRINTED NAME/COMPANY:		TIME	PRINTED NAME/COMPANY:		TIME	PRINTED NAME/COMPANY:		TIME																		
<b>1. RECEIVED BY:</b>		DATE	<b>1. RECEIVED BY</b>		DATE	<b>1. RECEIVED BY</b>		DATE																		
SIGNATURE:			SIGNATURE:			SIGNATURE:																				
PRINTED NAME/COMPANY:		TIME	PRINTED NAME/COMPANY:		TIME	PRINTED NAME/COMPANY:		TIME																		