


Client Name/Address		Client Project Manager/Contact			Billing Information					For Laboratory Use Only																			
Project Description		Project/Site Location (City/State)			RUSH – Additional charges apply Special Detection Limit(s) Date Results Needed					Method of Shipment Fed Ex UPS USPS Courier Client Drop Off Other				Matrix Key WW – Wastewater GW – Groundwater DW – Drinking Water S – Soil /Solid O – Oil P – Product M – Misc															
Project Number		Project Manager Phone #			Project Manager Email					Purchase Order Number				Site/Facility ID #															
 2269 Dr. F.E. Wright Dr Jackson, TN 38305 (731) 423-5330		Unless noted, all containers per Table II of 40 CFR Part 136.			Number of Containers	Matrix (Refer to key)	(G)rab or (C)omposite									A Cool < 10C Na2S2O3 (Micro Only) B Cool <= 6C C H2SO4 pH<2 D None Required E NaOH pH>10 F HNO3 pH<2 G HCL pH<2 H H3PO4 pH<2 I Cool <= 6C NA2S2O3													
																Date	Time	Sample Identification			Required Analysis / Preservative							Comments/Notes	
For Laboratory Use Only					Sampled by (Name – Print)					Client Remarks/Comments																			
Ice Y / N	Custody Seals Y / N	Lab Comments																Relinquished by: (SIGNATURE)					Date Time		Received by: (SIGNATURE)			Date Time	
Blank/Cooler Temp																		Relinquished by: (SIGNATURE)					Date Time		Received by: (SIGNATURE)			Date Time	
																		Relinquished by: (SIGNATURE)					Date Time		Received by: (SIGNATURE)			Date Time	