



Client		Project #	
Address		Contact Name	
		Email	
Phone		Date Results Requested	
Fax		Specimen Return	Preferred Shipping Account#:

Project Name (if Applicable):								
	Specimen ID	Description						Other / Special Instructions
1								
2								
3								
4								
5								
6								

Additional sampling notes, expected composition if available:

	Print Name	Signature	Date
Relinquished by			
Received by			
Returned by			
Received by			

Laboratory Use:

Project Handling	Date	Initials