



Request for Laboratory Analytical Services

IMPORTANT: Date results required: _____

Rush charges authorized? Yes No

 Fax or E-mail results

E-mail Address: _____

Page: _____

For Lab Use Only

Lab Project #: _____

Northern Analytical Lab Services

Report results to:	Client Project Number: _____	Send invoice to:	P.O. No. _____
Name _____	_____	Name _____	_____
Company _____	_____	Company _____	_____
Mailing Address _____	_____	Address _____	_____
City, Province, Postal _____	_____	City, Province, Postal Cod _____	_____
Telephone No. _____	Fax No. _____		

Special instructions and/or specific regulatory requirements:
(method, limit of detection, etc.)

Client Sample Identification	Sampling Date	Sampling Time	Matrix/Media	Air Volume (Liters)	METHOD/ANALYSIS REQUESTED <small>(List each analyte on the lines below, multiple analytes per line)</small>	Sample Comments

Collected by: _____	Date/Time _____	Collector's Signature: _____	Date/Time _____
Relinquished by: _____	Date/Time _____	Received by: _____	Date/Time _____
Relinquished by: _____	Date/Time _____	Received by: _____	Date/Time _____
Method of Shipment: _____		Sample Condition on Receipt: _____	
Authorized by: _____		Acceptable _____	Other: _____
		<small>(Signature MUST accompany request)</small>	<small>(Explain)</small>