

LAB JOB No:	Standard Laboratory Request Form: Chain of Custody	Page ____ of ____
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CLIENT INFORMATION	PROJECT INFORMATION	BILLING INFORMATION
Name: <input type="text"/>	Project Name: <input type="text"/>	Purchase Order No: <input type="text"/>
Contact: <input type="text"/>	Project ID: <input type="text"/>	Verbal Authorization: <input type="text"/>
Address: <input type="text"/>	Sampled By: <input type="text"/>	Credit Card Type (e.g. MC/Visa/AMEX...): <input type="text"/>
TURNAROUND TIME (TAT): Check ONE if all samples are the same/or see below.		Credit Card #: <input type="text"/>
Email: <input type="text"/>	<input type="checkbox"/> STD - Standard (5-7 bus. days) <input type="checkbox"/> 3D - Three-Day (72 hrs.)	<input type="checkbox"/> Reg. Business Hrs. 9am to 5pm <input type="checkbox"/> Samples received after 2pm are considered next day orders.
Fax: <input type="text"/> Fax results? <input type="checkbox"/>	Standard Charge +25% SURCHARGES MAY APPLY Custom quotations (if applicable) will be reflected on final billing. CALL for: Emergencies, Bulk Quotes, or other Questions.	Expiry Date: <input type="text"/>
Phone: <input type="text"/> Email results? <input type="checkbox"/>		

LAB SAMPLE ID	CLIENT'S SAMPLE ID AND DESCRIPTION	SAMPLING DATE/TIME	SAMPLE MATRIX	CONTAINER NO. and TYPE	TAT (Above)	ANALYSIS REQUESTED (Check or Specify)										NOTES			
						Moisture Content	Sieve Analysis	Hydrometer	Atterberg Limits	Proctor									

Relinquished by:	Client's Comments:	Regulatory Requirements:	
Name: (print) <input type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	OPSS Reg. <input type="checkbox"/>	
Signature: <input type="text"/>		Purpose for sampling:	
Date & Time: <input type="text"/>		Road Base <input type="checkbox"/>	Engineering Fill <input type="checkbox"/>
Method of Shipment: <input type="text"/>		Road Subbase <input type="checkbox"/>	Soil Classification <input type="checkbox"/>
Received by (Internal):	Arrival Temperature °C:	Subgrade <input type="checkbox"/>	
Name: <input type="text"/>	Laboratory Remarks: <input type="text"/>	Backfill <input type="checkbox"/>	
Date & Time: <input type="text"/>		Other <input type="checkbox"/>	