

Contact:		Project:							AFL Case No:										
Company:		Site:							Date Received:										
Address:									Circle TAT: Regular Rush Priority										
									Services Requested										
Email:		Sampler:																	
Phone:() Fax:()		P. O. No:																	
Lab Use Only	Sample Information	Collection Information																	
	Field Identification	Date	Time On	Time Off	Total Time	Flow Rate	Vol. (L)	Media Type											
Notes:		Released By: (Signature)					Date/Time		Received By: (Signature)			Date/Time							
		Released By: (Signature)					Date/Time		Received at Lab By:			Date/Time							