

Multiple WSI / ANALYSIS REQUEST

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Main Lab (800-755-9295)
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Bellingham (888-725-1212)
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Client & Billing Information			
Report To:		Bill To:	
Ship Address:		Address:	
City:	St:	Zip:	
City:	St:	Zip:	
Phone:	Fax:	Phone:	
Email:	P.O.#		
Contact:			
Project Name:			

INSTRUCTIONS

- USE ONE LINE PER SAMPLE LOCATION.
- BE SPECIFIC IN TEST REQUESTS.
- CHECK OFF ANALYSIS TO BE PERFORMED FOR EACH SAMPLE LOCATION.
- ENTER NUMBER OF CONTAINERS PER SAMPLE LOCATION.

Turn Around Time Requested

- ☐ STANDARD
☐ HALF-TIME (50% SURCHARGE)
☐ QUICKEST (100% SURCHARGE) PHONE CALL REQ.
☐ EMERGENCY (PHONE CALL REQUIRED)

	SYSTEM ID	SOURCE#	SAMPLE LOCATION	DATE	TIME	Compliance	Nitrate	THM	HAA	Volatile Organics	Lead & Copper					Number of Containers:	SPECIAL INSTRUCTIONS / CONDITIONS ON RECEIPT
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SAMPLED BY:		PHONE:	FAX:	EMAIL:												? TOTAL CONTAINERS	

DD SAMPLES RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME

CUSTODY SEALS INTACT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
SAMPLE TEMP _____ °C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVIDENCE OF COOLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAMPLES RECEIVED INTACT	<input type="checkbox"/>	<input type="checkbox"/>	
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	