

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