

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)														

