

Contact:			Project:					AFL Case No:															
Client:			Site:					Date Received:															
Address:			Sampler:					TAT: Regular			Rush		Priority										
			Fax No:					Services Requested															
Email:			Temp @ Receipt:																				
Phone:() Fax:()			P. O. No.:																				
Lab Use Only	Sample Information		Collection Info		Container Information																		
	Field Identification	Matrix	Date	Time	G/C	#	Size									Pres.							
Notes:			Released By: (Signature)				Date/Time:		Received By: (Signature)			Date/Time:											
			Released By: (Signature)				Date/Time:		Received at Lab By:			Date/Time:											