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PROJECT NUMBER _____		SAMPLING DATE: _____ / _____ / _____		REQUESTED ANALYSIS		LEAD		TURNAROUND TIME (please check one)			
PROJECT ADDRESS _____		SAMPLE START TIME _____		SAMPLE END TIME _____		SINGLE WIPE DUST ( )		SAME DAY ( ) 24 Hour ( )			
RISK ASSESSOR _____						COMPOSITE SOIL ( )		48 Hour ( ) 3-5 Day ( )			
				PAINT CHIP		% By Wt ( )		mg/cm <sup>2</sup> ( )		If no TAT is indicated, default is 72 hours	
LAB ID #	CLIENT SAMPLE ID	DESCRIPTION	WS, WT, F	WIPE AREA (e.g. 12 in X 12 in)	CLIENT COMMENTS						
				X	SAMPLES SHIPPED						
				X							
				X	NY STATE SAMPLES						
				X	(check here)						
				X	SAMPLE CONDITION						
				X	SEALS INTACT		Y	N			
				X	CONTAINERS LABELED		Y	N			
				X	RECVD & ACCEPTED		Y	N			
				X	LAB REMARKS						
				X							
				X							
				X							
				X	LAB PROJECT NUMBER						
				X							
SAMPLES RELINQUISHED BY			SAMPLES RECEIVED BY			DATE		TIME			
								AM	PM		
								AM	PM		

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 IRIS is not responsible for shipping delays