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SUBMITTING COMPANY

CONTACT INFORMATION

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PO #

PROJECT NUMBER _____	SAMPLING DATE: _____ / _____ / _____	REQUESTED ANALYSIS LEAD AIR	TURNAROUND TIME (please check one) SAME DAY () 24 Hour () 48 Hour () 3-5 Day () If no TAT is indicated, default is 72 hours	
PROJECT ADDRESS _____	_____			
SAMPLE START TIME _____	SAMPLE END TIME _____			
RISK ASSESSOR _____	_____			

LAB ID #	CLIENT SAMPLE ID	DESCRIPTION	MINUTES	FLOW RATE	VOLUME	CLIENT COMMENTS	
						SAMPLES SHIPPED	
						SAMPLE CONDITION	
						SEALS INTACT Y N	
						CONTAINERS LABELED Y N	
						RECVD & ACCEPTED Y N	
						LAB REMARKS	
						LAB PROJECT NUMBER	
SAMPLES RELINQUISHED BY			SAMPLES RECEIVED BY			DATE	TIME
							AM PM
							AM PM

By submitting samples to IRIS the client agrees to IRIS's terms and conditions.

IRIS is not responsible for shipping delays