



ATTN: Sample Receiving
 1309 Record Crossing Rd.
 Dallas, TX 75235
 972-454-9166

ANALYSIS ORDER FORM

COMPANY NAME: _____ CONTACT: _____ ADDRESS: _____ CITY/ST/ZIP: _____ TEL: _____ EMAIL: _____ EMAIL RESULTS TO: _____	INVOICING CONTACT: _____ ADDRESS: _____ CITY/ST/ZIP: _____ TEL: _____ EMAIL: _____ PO #: _____
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Sample /Project ID	Lot	Sample Description	Analysis Requested	Specification	Method Reference <small>(required methods must have lab approval)</small>	Special Instructions*
					<input type="checkbox"/> Required <input type="checkbox"/> Suggested	
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* Includes turnaround time, storage conditions or special handling instructions		Comments:				
Customer Use Only			Laboratory Use Only			
Released by:		Received by:		Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor		
Date:		Date:		Temp.:		