Alliance Analytical Laboratories

Client:	**Sampled by (print):**	
Project Name/No.:	**Sampled by (sign):**	
Project Location:	**Sample Date:**	**Page of**

Sample Number	Component	Sample Location	Material Type (Misc., Surf, TSI)	F/NF	Est. Qty.	Analysis Type		Results	Comments

Special Instructions To Laboratory: _____

Turn around time requested:

☐ **Double Rush – by appointment (<24 Hour)** ☐ **Rush (1-2 day)** ☐ **Standard (2-5 day)**

Relinquished by:	**Date/time:**	**Received by:**	**Date/time:**
Client Contact:	**Phone No.:**	**e-mail Address**	
Client Address:		**Client Project Number:**	