

Monitor ID (On back of Monitor)*

LAB REQUEST FORM

Assay Tech Customer No.

PLEASE Print Clearly
& Complete all boxes

Report To:

Name/Title/Mail Stop*	
Company/Organization*	E-Mail
Address*	TEL*
City/State/Zip*	FAX

Sampling Data:

Sample ID (Person/Location Monitored)					
Start Time*	AM PM	Stop Time*	AM PM	OR	Time Sampled (min)*
Date(s) Sampled*	Sampled & Relinquished By				

IMPORTANT! Record All Sampling Data!

Project Name/No. (optional): _____

Downloaded from Web

Check only **one (1)** chemical from the list below.

9140-549 9/16

Analyte Selected	Analyte CAS No.	ANALYTE NAME
	2730-43-0	Trans-1-Chloro-3,3,3-Trifluoropropene (HCFC-1233zd(e))
	460-73-1	1,1,1,3,3 – Pentafluoropropane (HFC-245fa)
	811-97-2	1,1,1,2 - Tetrafluoroethane (HFC-134a)

Return to: AT Labs, 1382 Stealth Street, Livermore, CA 94551

* Minimum required fields. Failure to complete these fields may result in a delay of your samples being processed.