Monitor ID (On back of Monitor)*	**LAB REQUEST FORM** ***PLEASE*** Print Clearly & Complete all boxes	Assay Tech Customer No.*

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):_____

Check up to three (3) chemicals from the list below.

9140-574 2/16

Analysis Purchased	CHEMICAL ANALYTE		Monitor Number
X	**Anesthetic Gases** (check up to 3, below)		**574**
	Check	Analyte CAS No.	Analyte Name
		57041-67-5	**Desflurane**
		13838-16-9	**Enflurane**
		151-67-7	**Halothane**
		26675-46-7	**Isoflurane**
		28523-86-6	**Sevoflurane**

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.