



a unit of **assay technology**

(800) 833-1258 Option 4

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# LAB REQUEST FORM

(CLIENT WORK ORDER & CHAIN of CUSTODY)

- 1382 Stealth Street Livermore, CA 94551 (AIHA Lab# 101728)
- 250 DeBartolo Place, Suite 2525, Boardman, OH 44512 (AIHA Lab# 100903)

Service Authorized \_\_\_\_\_  
(IMPORTANT! Client Signature Required)

- Regular (6-10 Working Days)
  - 3 Working Days (50% Surcharge)
  - 2 Working Days (75% Surcharge)
  - 1 Working Day (100% Surcharge)
- Please call ahead to verify rush services.**

Purchase Order or Credit Card Type		Enter Assay Contact # _____ or Send Lab Report To: _____		Send Invoice To: _____			<b>ANALYTES or Tests Requested</b>						
Project Name or No.		Name		Name									
Client Email		Company/Organization		Company/Organization									
Client Phone		Address		Address									
Client FAX		City,State,ZIP		City,State,ZIP									
LAB SAMPLE ID No	CLIENT SAMPLE ID	MEDIA CODE (See Below*)	DATE SAMPLED	FLOW (L / MIN)	TIME (MIN)	VOLUME (L)	1	2	3	4	5	6	7

<i>Credit Card Info.</i>		<i>Chain of Custody</i>		<i>(* ) Media Codes</i>	
Name	Sampled By	Date	Shipment Method	Date	Sampling Tube = T    Filter Cassette = C Surface Wipe = W Tube with Cassette = T&C OSHA Versatile Sample = OVS
Number	Relinquished By	Date	Received By	Date	
Exp	Relinquished By	Date	Received By <b>LAB</b>	Date	
					Badge = Enter All Nos Printed on Badge