



# Lab Request Form for Multiple Badge Submissions

- For monitor/badge use only
- Please contact us before requesting any non-standard services
- See instructions for return information and address(es)

Reporting Information					Notes/Comments		
Information for the individual who is responsible for reports							
Full Name							
Company							
Email address							
Address							
Address							
Phone							
Project/ PO (optional)				AssayTech Customer #			
Sample Information							
One sample per line. Please fill all fields. Designate and check off chemicals as applies.							
For lab use	Name <small>Assign a name of your choice</small>	Serial <small>"AB1234"</small>	Date	Time		Chemicals Requested	<input checked="" type="checkbox"/>
				Start/Stop <small>or</small> Total Time (min)			
01				Start (am/pm)	Stop (am/pm)		
02				Start (am/pm)	Stop (am/pm)		
03				Start (am/pm)	Stop (am/pm)		
04				Start (am/pm)	Stop (am/pm)		
05				Start (am/pm)	Stop (am/pm)		
06				Start (am/pm)	Stop (am/pm)		
07				Start (am/pm)	Stop (am/pm)		
08				Start (am/pm)	Stop (am/pm)		
09				Start (am/pm)	Stop (am/pm)		
10				Start (am/pm)	Stop (am/pm)		

Relinquished by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_