AT Labs
a unit of assay technology

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www.assaytech.com
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LAB REQUEST FORM
(CLIENT WORK ORDER & CHAIN of CUSTODY)

☐ 1382 Stealth Street, Livermore, CA 94551 (AIHA-LAP, LLC Lab# 101728)
☐ 250 DeBartolo Place, Suite 2525, Boardman, OH 44512 (AIHA-LAP, LLC 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		**ANALYTES or Tests Requested**
	Send Lab Report To:	*Send Invoice To:*	
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 TYPE / SERIAL NO.	DATE SAMPLED	FLOW (L / MIN)	TIME (MIN)	VOLUME (L)	1	2	3	4	5	6	7

Credit Card Info. | *Chain of Custody* | (*) *Media Codes*

Name	Sampled By	Date	Shipment Method	Date
Number	Relinquished By	Date	Received By	Date
Exp Date/Security Code	Relinquished By	Date	Received By **LAB**	Date

(*) *Media Codes*
Sampling Tube = T   Filter Cassette = C
Surface Wipe = W
Tube with Cassette = T&C
OSHA Versatile Sample = OVS

Badge = Enter All Nos Printed on Badge