AT Labs
a unit of assay technology

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LAB REQUEST FORM

(CLIENT WORK ORDER & CHAIN of CUSTODY)

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:*
Project Name or No.	**Name ***	**Name**
Client Email *	**Company/Organization ***	**Company/Organization**
Client Phone *	**Address ***	**Address**
Client FAX	**City,State,ZIP ***	**City,State,ZIP**

ANALYTES or Tests Requested

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.

Name		
Number		
Exp Date/Security Code		

Chain of Custody

Sampled By	Date	Shipment Method	Date
Relinquished By	Date	Received By	Date
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

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*** REQUIRED FIELDS**