



RAVEN ANALYTICAL LABORATORY

210 Arrow Cove, Midland, MI 48642 (989) 495-0454

Request for Analysis Please print in Blue or Black ink

For Lab Use Only

Site Address:
Sample Collected By:
Date Collected: _____ Time Collected: _____

Sample # _____
Date Received: _____
Time Received: _____
Received By: _____

Sampling Point (Primary, Final Effluent, Pond#...)	
Type of Sample (Grab or Composite)	
Was the Sample Cooled?	
NPDES #	
Sampling Purpose (Pre or Daily Discharge, Routine...)	

Analysis Needed

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____
- 6: _____
- 7: _____
- 8: _____
- 9: _____
- 10: _____

Send Results To: (address, fax, or email)	Invoice Address: (If different than Results address)

Relinquished By	Date	Time

Comments: _____