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☐ New Client?

Revision 6 - Issued June 2020

Report To* : _____
Company : _____
Address* : _____
City, State, Zipcode : _____
Phone / Cell No.* : _____
Report results to : _____
Email / Fax : _____

Invoice To* : _____
Company : _____
Address* : _____
Phone / Cell No.* : _____
Purchase Order No. : _____
Email Invoice To : _____

Need Results By*:

- ☐ 5 Working Days (WD)
☐ 4 WD
☐ 3 WD
☐ 2 WD
☐ 24 hours
☐ 6 hours or less
☐ 4 hours or less
☐ 1-2 hours

Client Project No.:

Site/Project Name:

Sampled By & Certif. # :

Special Instructions:

PLM POSITIVE STOP?

- ☐ + stop / SAMPLE
☐ + stop / LAYER

Verbal results?

☐

Lab Report No.:

Sample ID	Sample Description*	Date / Time Sampled* (mm/dd/yy)	Collection Medium / Marix	Sample Area / Air Volume	Analysis Requested*	Method Reference	Lab Sample(s) No.:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Relinquished By (Print and Sign)		Date/Time		Received By (Print and Sign)		Date/Time	

*Required fields, failure to complete these fields may result in a delay in your samples being processed.

**Sample description can be paint chips, concrete, specific sample collection location, etc...

If matrix is 'soil', please specify if it is a FOREIGN SOIL SAMPLE (outside Hawaii) in the comment section.

All samples submitted are subject to Hawaii Analytical Laboratory terms and conditions.

Lab Notes:

☐ via AAC ☐ via USPS ☐ via drop box ☐ via FedEx ☐ via pick up

awb#: 027-

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