HAWAII ANALYTICAL LABORATORY,	Report To* Company Address*				Invoice To* Company Address*	:	
3615 Harding Avenue, Suite 30: Honolulu, HI 96816 Ph: 808-735-0422 - Fax: 808-73 https://analyzehawaii.com	Report results to					:	
5 Working Days (WD) 4 WD 3 WD 2 WD	Site/Project Name:			Client Pr	oject No.:	Verbal results?	Sampled By & Certif. # :
24 hours 6 hours or less 4 hours or less 1-2 hours	Special Instructions:	Instructions:			PLM POSITIVE STOP Instructions:		Lab Report No.:
Sample ID Sai	mple Description*	Date Sampled* (mm/dd/yy)			Analysis Requested*	Method Reference	Lab Sample(s) No.:
3							
,							
Relinquished By (Print and Sign)			Date/Time		Received By (Print and	Date/Time	
If matrix is 'soil', please specif All samples submitted are sub	aint chips, concrete, specific sam ry if it is a FOREIGN SOIL SAMPL pject to Hawaii Analytical Laborat nplete these fields may result in a	E (outside Hawaii) in the cory terms and condition	e comment section is.		C via USPS	via drop box	via FedEx