TRI AIR TESTING, INC.

A Texas Research International Company

1607 N. Cuernavaca Dr. Suite 500 • Austin, TX 78733 • 1-800-880-8378

For TRI Use Only	Page_____of_____
TRI Project Number:	
TRI Log Number:	
Date Logged In:	By:

REQUEST FOR LABORATORY ANALYTICAL SERVICES

REPORT RESULTS TO			SEND INVOICE TO	
Name			Name	
Company	Dept.		Company	Dept.
Mailing Address			Mailing Address	
City, State, Zip			City, State, Zip	
Telephone No.	Fax No.			

Purchase Order No.	Client Job No.

Requested Turnaround Time:

Special Instructions: (method, limit of detection required, etc.)

* Explanation of Preservative:

ANALYSIS REQUESTED

(Enter an "X" in the box below to indicate request; Enter a "P" if Preservative added*)

CLIENT SAMPLE IDENTIFICATION	DATE SAMPLED	MATRIX/ MEDIA	AIR VOLUME (specify units)	Number of Containers													FOR LAB USE ONLY

CHAIN OF CUSTODY		
Relinquished by:	Date/Time	Received by: Date/Time
Relinquished by:	Date/Time	Received by: Date/Time
Relinquished by:	Date/Time	Received at Lab by: Date/Time

Comments:

Sample Condition Upon Receipt:

DISTRIBUTION:

WHITE – TRI Laboratory
YELLOW – TRI Accounting
PINK – Client Copy