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Phone (805) 526-7161 Fax (805) 526-7270				Requested Turnaround Time in Business Days (Surcharges) please circle 1 Day (100%) 2 Day (75%) 3 Day (50%) 4 Day (35%) 5 Day (25%) 10 Day-Standard					CAS Project No.		
Company Name & Address (Reporting Information)				Project Name Project Number				CAS Contact:			Comments e.g. Actual Preservative or specific instructions
								Analysis Method/Analytes			
Project Manager				P.O. # / Billing Information							
Phone		Fax									
Email Address for Result Reporting											
Sampler (Print & Sign)											
Client Sample ID	Laboratory ID Number	Date Collected	Time Collected	Sample Type (Air/Tube/Solid)	Canister ID (Bar code # - AC, SC, etc.)	Flow Controller (Bar code - FC #)	Sample Volume				
Report Tier Levels - please select										Project Requirements (MRLs, QAPP)	
Tier I - (Results/Default if not specified) _____				Tier III (Data Validation Package) 10% Surcharge _____				EDD required Yes / No			
Tier II (Results + QC) _____				Tier V (client specified) _____				Type: _____ EDD Units: _____			
Relinquished by: (Signature)			Date:	Time:	Received by: (Signature)			Date:	Time:		
Relinquished by: (Signature)			Date:	Time:	Received by: (Signature)			Date:	Time:		
Relinquished by: (Signature)			Date:	Time:	Received by: (Signature)			Date:	Time:		
Cooler / Blank Temperature _____°											