



Pharmaceutical Analysis Request Form

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SR #	Lab Use Only
CAS Contact	

Project Name		Analysis Requested									
Project Manager											
Company/Address											
Phone #	FAX#										

Sample Description	SAMPLING		MATRIX										
	DATE	TIME											

SPECIAL INSTRUCTIONS/COMMENTS	TURNAROUND REQUIREMENTS	INVOICE INFORMATION
	<input type="checkbox"/> RUSH (SURCHARGES APPLY) <input type="checkbox"/> STANDARD REQUESTED FAX DATE _____ REQUESTED REPORT DATE _____	PO# _____ BILL TO: _____ _____ _____

SAMPLE RECEIPT: CONDITION/COOLER TEMP: _____ CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature	Signature	Signature	Signature	Signature	Signature
Printed Name	Printed Name	Printed Name	Printed Name	Printed Name	Printed Name
Firm	Firm	Firm	Firm	Firm	Firm
Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time