

LABORATORY TEST REQUEST



Built Environment Testing

ACCOUNT #: _____
 COMPANY: _____
 ADDRESS: _____

www.eurofinsus.com/Built

10329 Stony Run Lane • Ashland, VA 23005
 (804) 365-3000 • TOLL FREE (800) 888-8061 • FAX (804) 365-3002

DATE SHIPPED	# OF SAMPLES	SAMPLE TYPE/MEDIA	PROJECT NAME OR NUMBER	
PURCHASE ORDER NO.		CONTACT	TELEPHONE NUMBER	
TURN AROUND TIME * SAME DAY * 2 DAY * 1 DAY * STANDARD CALL FOR AVAILABILITY *EXTRA CHARGE*		SPECIAL INSTRUCTIONS AND/OR UNUSUAL CONDITIONS:		☐ FAX RESULTS FAX NUMBER: () _____ ☐ EMAIL RESULTS - EMAIL: _____
FOR LABORATORY USE ONLY	SAMPLE # OR SAMPLE AREA	SAMPLE DATE	SAMPLE VOLUME/LITERS OR TOTAL MINUTES	ANALYSS REQUESTED - PLEASE USE SEPARATE LABORATORY TEST REQUEST FOR EACH SAMPLE TYPE

CHAIN OF CUSTODY RECORD

SAMPLES HAVE BEEN SEALED FOR TRANSPORT AND DELIVERED TO LABORATORY VIA: CARRIER _____ IF "ANALYTICS COURIER" SIGN HERE _____		SIGN HERE TO INITIATE CHAIN OF CUSTODY _____ DATE _____	
DATE/TIME	CONDITION OF SAMPLE	SAMPLES RECEIVED BY:	SAMPLES RELEASED BY:
		SIGNATURE(SAMPLE RECEIVING)	SIGNATURE(SAMPLE RECEIVING)
		SIGNATURE(SAMPLE ADMINISTRATION)	SIGNATURE(SAMPLE ADMINISTRATION)
		SIGNATURE(LAB)	SIGNATURE(LAB)
		SIGNATURE(LAB)	SIGNATURE(LAB)

PLEASE RETAIN A COPY FOR YOUR RECORDS

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