

Analysis Request Form

							Lab Number:								
F	NALYTICA	AL LABOF	RATORY WWW.AzApexLa	ab.com woods	sb@azapexlab.										
Customer	Contact:			Page of Project Name: Project Number: Samples Submitted By:											
Company	Name:														
Address:							1								
City, State	e, Zip:						1								
Phone:		Fax:	Email Results:	Y N E-Mail Address:											
:	Sample Recei	pt	Turn Around Request												
Temperature: ^c Standard TAT: 5 working Day															
Custody Seals: Yes No Rush TAT: (Surcharges apply)				_											
Custody Seals Intact: Yes No24 Hours48 Hours72 Hours			_												
Total # of C			Requested Report Delivery Date:												
Sample Information			_	Test R	equired			Specification							
	Date	Matrix			Heavy Metals: As,	Other Metals or	Reporting	Serving	-						
Lab #	Collected	Type*	Sample Identification	Lot Number	Cd, Hg, Pb	Minerals	Units	Size	As	Cd	Pb	Hg	\rightarrow		
													_		
													-+		
													\rightarrow		
													\rightarrow		
													$ \rightarrow$		
Instructions	/ Special Require	ements:													
* Matrix Ty	oe = Capsule, Ta	ablet, etc.													
Date:		Time: Samples Relinquished By:				Received By:									

All services are performed subject to the Apex Standard Terms & Conditions unless otherwise specified in advance.