



Client:	Invoice Address:	REQUESTED PARAMETERS										Sample Integrity:	Cooler Temp: _____ °C
Report Address:	Project Name:												
Report To:	Lab contact:											Custody Seal? Yes No	ENVision provided bottles? Yes No
Phone:	Sampler:											Vials free of head space? Yes No N/A	pH Checked? Yes No N/A
e-mail:	P.O. #:											Method 5035 collection used? YES NO	5035 samples received within 48hrs of collection? Yes No
Desired TAT: (Please Circle one)	QA/QC Required: (Circle One)												
1-2 day 3-6 day Std (7 bus. Days)	Level II Level III Level IV												

Sample ID	Coll. Date	Coll. Time	Comp (C) Grab (G)	Matrix	HCl	HNO ₃	H ₂ SO ₄	NaOH	Other	None	ENVision Sample ID

COMMENTS:

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME