Client Information includes all contact information and all emails report needs to be sent to and an AP email for invoicing

Filled out by Lab personnel upon sample arrival

9011 SE Jannsen Rd Clackamas, OR 97015					Origin of Odology 1 (Odolog																				
Specialty Analytical	Clackan Phone	Date:						Page: of:					1	Laboratory Project No (internal):											
Analytical Phone: 503-607-1331 www.specialtyanalytical.com						Project Name:										Temperature on Receipt: °C									
Client:					Project No: PO No:											Cooling: Shipped Via:									
Address:					Collected by:											Custody Seal: Y / N Intact / Broken Cooler / Bottle									
Cty, State, Zip:					State Collected: OR WA						OTHER					MDL		TIERN	1		EDD				
Telephone:																Sample Disposal : Return to client Disposal by lab (after 60 days)									
AV AV					Report To (PM):																				
AP Email:					PM Email: Requested Tests																				
Sample Name	Sample Date	Sample Time	Sample Matrix*	# of Containers		AII	Red	ue					liste	d h	er	е	your mate	se note if you k sample may co erials or chemic mments:	ontair						
1																									
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*Matrix: A=Air, AQ=Aqueous, L=Liquid,	O=Oil, P=P	roduct, S=S	bil, SD=S	edimer	nt, SL=	Solid, V	W = Wat	ter, DW	/=Drinl	ing Wa	ter, GM	/=Grou	and Wate	er, SW	= Stor	m Water,	WW = 1	Waste Water, M=	Misce	llaneous					
						3 Day: 2 [Day: Next Day						Same D	ay:			ance			
Relinquished Date/Time x Signature and date/ time here when dropping off												Received x						paround requests should be coordinated in advance							
Rel inquished x	Date/Time								Received Date/Time																
Relinquished Date/Time										Received Date/Time															