NO. _____

RespirTek, Inc.
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Email: jmartin@respirtek.com

P.O. No.	Project Name	**ANALYSES**	Address Results To:
Samplers: 1. _____ (Signatures) 2. _____ 3. _____			

Sample I.D.	Date	Time	C	Grab	Coll By 1,2,3	No. of Con-tainers														**REMARKS**

Relinquished by:	Date	Time	Received by:	Relinquished by:	Date	Time	Received by: Date: Time:
Relinquished by:	Date	Time	Received by:	Relinquished by:	Date	Time	Received For Laboratory by: Date: Time:

REMARKS: ALL SAMPLES ICED IN THE FIELD AND DURING TRANSPORT TO THE LAB. ____ YES ____ NO	Transported by:	DATE OF ANALYSIS: RECEIVED: COMPLETED:	ANALYSIS TO BE COMPLETED: ____ CALLOUT _____ NORMAL TURNAROUND PERIOD _____ PRIORITY (NO CALLOUT) _____ CALL WITH RESULTS UPON COMPLETION

Original Copy - LAB Copy - FILE

Form # 025

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