

**Request for Laboratory Analysis: Industrial Hygiene Bulk Sample**

Project No.:		RLA Reviewed By:	Date:	LS SRN:
Project Officer:		Email:		Tel:
Alternate POC:		Email:		Tel:
Address:				
Installation Site:		Field ID:	DOEHS ID:	
Fund Source:		MIPR No.:	ARLOC / WIC / VC#:	
Sample Collection Date:		Sample Collection Time:		Local <input type="checkbox"/> or UTC {Zulu} <input type="checkbox"/>
SELECT Certificate of Analysis Delivery Schedule:				
Analysis Priority Requested (Justification Required for Non-Routine Priority):				
<i>Note: LS assumes neither responsibility nor liability for the sampling protocols employed by the customer.</i>				
<input type="checkbox"/> I do <b>NOT</b> authorize LS to sub-contract requested analyses to an accredited Contract Laboratory.				

Description of Operation:		
# Persons Exposed:	Hours / Day:	Associated Air Samples Collected:
Associated Complaints:		

Label Information		
Trade Name:	NSN:	Manufacturer:
Address:		

Analysis Requested:				MSDS Attached:
LS Sample ID	Field ID	Sample Area	Constituents	Remarks

<b>Comments for the Lab</b>	
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— For Laboratory Use Only —		
Date Received:	Received By:	Holding Area: CSD Bldg. 3809 Rm. 147