

Gas Sample Submission Form

Date of Request: _____

COMPANY INFORMATION	SAMPLE INFORMATION
Company Name: _____ Contact Name: _____ Purchase Order: _____ Billing Address: _____ _____ City: _____ State: _____ Zipcode: _____ Business Phone: _____ Business Fax: _____ Email: _____	Type of Testing: _____ Sample ID/amount: _____ Sample ID/amount: _____ Sample ID/amount: _____ Sample ID/amount: _____ Would you like samples returned? Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like the results emailed? Yes <input type="checkbox"/> No <input type="checkbox"/> ANALYSIS REQUESTED Any/all Sulfur Compounds Hydrogen Sulfide VOC's Methane Carbon Dioxide Nitrogen Oxygen Organics Other _____
SHIPPING, PREPARATION AND HANDLING NEEDS Refrigerated Within 24 hour Analysis Light Sensitive Other _____	

CHAIN OF CUSTODY (If requested)

Sampled by:	Date/Time:	Received by:	Date/Time:
Method of Disposal:	Date/Time:	Received by:	Date/Time:

INTERNAL NOTES: _____