



Client:		ANALYSES REQUESTED										GAP Project # A					
Client Contact:												Invoice to:					
Address:		Fungi Enumeration	Fungi Genus ID	Fungi Spore Trap	Legionella	Bacteriophage											
Tel:		Fax:															
Email:																	
Client Project #		P.O. #															
GAP Contact:		Water Works #															
SAMPLE IDENTIFICATION		# of containers	Matrix	Please check analyses requested										Date/Time Collected	Volume Sampled	Lab Sample No.	
Turnaround Time:		Report Options:		Sampler (Print & Sign Name)										Laboratory Use Only Sample Information			
<input type="checkbox"/> Normal (5 to 10 business days) <input type="checkbox"/> *Rush: Date _____ <small>* Double Rates Apply for Rush Analysis</small>		<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail		Laboratory Information Rental Equipment (Completed by Sampler) Equipment Standard Operating Procedure Read and Understood Initial <input type="text"/>													Sample Temperature _____ Temp Condition Acceptable Upon Receipt (Y/N) _____
Special Instructions / Comments:														Received at Lab by: _____			
														Date: _____ Time: _____			

Please read the reverse side of this form for sampling and shipping instructions.