



ANALYTICAL SERVICES REQUEST FORM

This form is used to notify the laboratory of the samples you are sending. This is critical when you have a large batch of samples or tight turnaround times for results. Please be sure to provide as much information as possible to ensure your deadlines are met. iATL also recommends sending a chain of custody (COC) form with all samples submitted. There are several ways to submit this form, fill out the form electronically and use the submit button below, fax the form to us at 856-231-9818, or email the form to info@iatl.com.

* Required Field							
Today's Date*:			_	Project	t Name:		
Company*:			_	Contact P	Person*:		
Phone*:	Cell Phone:						
Email*/Fax:							
	Matrix Type		Quantity		RESUL!	ΓS DUE* (DA	TE / TIME)
PCM	manual Type		Quantity		112502	IS DOL (DII	
PLM				_			
TEM				_			
LEAD				_			
IAQ				_			
Other				_			
TURNAROUND TIME]*:	10 Day	5 Day_	3 Day	2 Day	1 Day	12 Hr RUSH
DATE / TIME SAMPL	ES ARRIVING*:						
SAMPLE SHIPMENT METHOD*:		FedEx_	UPS	_USPS	Courier	Hand Delive	ery Drop Box
SPECIAL REPORTING	G INSTRUCTIONS able on website]	d:					
iATL STAFF INITIATI	ING REQUEST:						
ACKNOWI EDGED R	V·						