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1. REPORT TO:

Company:

Address

Attn:

Phone:

Email:

2. INVOICE TO:

3. PO

4. Turnaround Time- Business Days

☐ 1 Day *☐ 4 Day *☐ 2 Days *☐ 5 Day - STD☐ 3 Days *☐ Need By: _____

* Surcharge Applies

Day Zero is the day sample is received. Report due at 5pm on due day.

AGT Labs' JOB ID:

5. Project

6. Project Name / Location:

7. Sampler's Name & Company

Samplers Signature & Date

8. Sample ID & Description

Lab Use Only

9. Sampling

10. * Required Information, no flow rate needed for badges

11. Media Type:

CAN - Canister
CASS - Cassette
MOLD - Air-O-Cell,
Allergenco
BADGE - AT566,
UME100 etc
TUBE - Charcoal,
Silica Gel, XAD

12. Matrix:

A - Ambient
CT - Cooling
Tower
G - Grab
F - Flare
SG - Soil Gas
IA - Indoor Air
ST - Stack

13. Start/Stop
Canister
Pressure

14. Tests Requested

Sample Number/Employee or Location*

Date*

Time On*

Time Off*

Flow Rate
L/Min*Total
MinutesTotal
Sample
Volume
Liters

1

2

3

4

5

6

7

8

9

10

13. RELINQUISHED BY

DATE

TIME

14. RECEIVED BY

DATE

TIME

KNOWN HAZARDS / COMMENTS

1)

1)

2)

2)

BILL OF LADING/TRACKING #

Intact?

☐ Y ☐ N

Initials _____

AGT LABS CANNOT ACCEPT VERBAL CHANGES. PLEASE FAX WRITTEN CHANGES TO 713-453-6091 OR EMAIL THE NEW COC TO YOUR PROJECT MANAGER.

Samples will be disposed of after 21 days. AGT Labs reserves the right to return samples.