

		10200 East Freeway Suite 101, Houston TX 77029 713-453-6090 info@agtlabs.com www.agtlabs.com		1. REPORT TO:			2. INVOICE TO:			3. PO #		
		Company:						4. Turnaround Time- Business Days				
		Address						☐ 1 Day * ☐ 4 Day * ☐ 2 Days * ☐ 5 Day - STD ☐ 3 Days * ☐ Need By: _____				
		Attn:						* Surcharge Applies				
		Phone:						Day Zero is the day sample is received. Report due at 5pm on due day.				
Email:												
AGT Labs' JOB ID:												
5. Project #												
6. Project Name / Location:												
7. Sampler's Name & Company				Samplers Signature & Date			11. Media Type:			12. Matrix:		
							CAN - Canister CASS - Cassette MOLD - Air-O-Cell, Allergenco BADGE - AT566, UME100 etc TUBE - Charcoal, Silica Gel, XAD			A - Ambient CT - Cooling Tower G - Grab F - Flare SG - Soil Gas IA - Indoor Air ST - Stack		
8. Sample ID & Description		9. Sampling		10. * Required Information, no flow rate needed for badges			13. Start/Stop Canister Pressure			14. Tests Requested		
Sample Number/Employee or Location*	Lab Use Only	Date* MM/DD/YYYY	Time On* HH:MM	Time Off* HH:MM	Flow Rate L/Min*	Total Minutes	Total Sample Volume Liters					
1												
2												
3												
4												
5												
6												
7												
8												
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.				