

# SAMPLE SUBMISSION/RECEPTION FORM

Client I.D. \_\_\_\_\_ Lab Sample Code Range \_\_\_\_\_

\* Verify Lab/Client codes on sample jars

Organization/Department \_\_\_\_\_ Date Submitted \_\_\_\_\_

Name of Submitter \_\_\_\_\_ Date Sampled \_\_\_\_\_

Signature of Submitter \_\_\_\_\_ Analysis Period \_\_\_\_\_

Client Contact \_\_\_\_\_ Total # of Samples \_\_\_\_\_

Contract # (charge#) \_\_\_\_\_ Contract Attached: Yes  No

Sample Type (species, matrix) \_\_\_\_\_

Area of Collection (location, sites) \_\_\_\_\_

Sample History (received preserved, container suitability) \_\_\_\_\_

Field Supplies requested by Client? No  Yes  Via Organic  Metals

Type of Container \_\_\_\_\_

( Al. foil, amber glass jars, Whirlbag, HDPE-LDPE bottles & size, LDPE jars-100mL ... )

Pre-test requirement \_\_\_\_\_

(homogenization, subsampling, pooling, remove unwanted material, insufficient amount)

Storage Location \_\_\_\_\_ Storage Conditions (4'C/-20'C) \_\_\_\_\_

After Processing:

Sample to be Stored  Yes  No

Return to client  Yes  No

Comments of Receptionist: \_\_\_\_\_

(Container material, sample size, sample integrity, type of homogenization, i.e. metals/organics container requirements, etc.)

Receptionist Signature: \_\_\_\_\_

Authorization: \_\_\_\_\_

Lab Supervisor