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ANALYTICA LABORATORIES | part of ALS Limited

ANALYSIS REQUEST FORM – ASBESTOS TESTING

Client Information (To Appear on Report)			
Company or Client Name		**Date Sampled**	
Contact Person		**Phone #**	
Address			
Sampling Site			
E-mail Report To			
Client Reference Max 15 characters		**Purchase Order #** Max 15 characters	
Submitter (if not Client)			
Submitter E-mail/Phone			

Also Send Results to Submitter *(please tick if required)*	☐
Provide Each Sample on Individual Report *(please tick if required)*	☐
Include Excel Report *(please tick if required)*	☐

Office Use Only		
Laboratory ID Number	***Date & Received By***	***Laboratory***

Comments/Special Instructions

CUSTOM INVOICING DETAILS

Only complete if invoice recipient is different from report recipient

Invoice To (Company Name)	
E-mail Invoice To	

Standard Turn Around Times	
Air Monitoring Filter	**4 hours**
Presence/Absence Bulk & Soil	**24 hours**
PA/Semi-Quant Combo (24 hours if all absent)	**72 hours**
Semi-Quantitative Soil	**72 hours**

	Your Sample Identification (To Appear on Report)	Additional Information											
		Air Monitoring Filter	Presence/Absence - Bulk	Presence/Absence - Soil	Semi-Quantitative - Soil	Sample Location/Comments	Cowl Number	Sampling Device ID	Start Time	Finish Time	Average Flow Rate (L/min)	Monitoring Type
1		☐	☐	☐	☐							
2		☐	☐	☐	☐							
3		☐	☐	☐	☐							
4		☐	☐	☐	☐							
5		☐	☐	☐	☐							
6		☐	☐	☐	☐							
7		☐	☐	☐	☐							
8		☐	☐	☐	☐							

By submitting samples you agree to our Terms and Conditions.

	Your Sample Identification (To Appear on Report)	Additional Information										
		Air Monitoring Filter	Presence/Absence - Bulk	Presence/Absence - Soil	Semi-Quantitative - Soil	Sample Location/Comments	Cowl Number	Sampling Device ID	Start Time	Finish Time	Average Flow Rate (L/min)	Monitoring Type
9		☐	☐	☐	☐							
10		☐	☐	☐	☐							
11		☐	☐	☐	☐							
12		☐	☐	☐	☐							
13		☐	☐	☐	☐							
14		☐	☐	☐	☐							
15		☐	☐	☐	☐							
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18		☐	☐	☐	☐							
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36		☐	☐	☐	☐							
37		☐	☐	☐	☐							
38		☐	☐	☐	☐							