Contact Information

Client Name/Address:

Report To:

Name

Email

Phone #

Project Information

Project Name/Address:

Collected By (Print):

Client Project #:

Site/Facility ID #:

P.O.#

Requested Services

THE L&R GROUP

680 South Progress Avenue

Suite 2A

Meridian, Idaho 83642

(208) 813-7700

www.tlr.group

Turn Around Time

Rush analysis requires advanced notice.

☐ 24-hour Rush (1 Next Day)

☐ Standard (5-7 Business Days)

Sample Receiving

☐ Client Delivery

☐ L&R Technician Delivery

Laboratory Only

COC Seal Present/Intact:	Y / N
COC Signed/Accurate:	Y / N
Bottles Intact:	Y / N
Sufficient Volume:	Y / N
VOA Zero Headspace:	Y / N
Preservation Correct:	Y / N

Sample Information

Sample ID	Comp/ Grab	Matrix*	Depth	Date	Time	# of Cntrs	Filtered Sample (Y/N)	Perform MS/MSD (Y/N)	PH (EPA 9040C (Aqueous) or EPA 9045D (Solid))	Flashpoint/Ignitability (EPA D93 (Aqueous) or EPA 1010 (Solid))	TPH - EPA 8015M (Extraction by EPA 3511 (Aqueous) or EPA 3550 (Solid))	RCRA Metal EPA 6010B (EPA 3005 (Aqueous) or EPA 3050 (Solid) & (Mercury EPA 7473))	PCB EPA 8082 (Extraction by EPA 3511 (Aqueous) or EPA 3550 (Solid))				Laboratory ID	Remarks

* Matrix: SS = Soil GW -=Groundwater WW = Wastewater OT = Other _____

Possible Hazard Identification: Please list any EPA Waste Codes for samples listed as EPA Hazardous Waste if the lab is to dispose of the sample.

☐ Non-Hazardous ☐ Skin Irritant ☐Unknown

☐ Flammable ☐ Poison B

Sample Disposal: A fee may be assessed if samples are retained longer than one month.

☐ Return To Client ☐ Disposal By Lab

☐ Archive For ___Months

Trip Blank Received: Y / N

HCL / MeOH

TBR

Special Instructions/QC Requirements and Comments:

Temp(F):

Chain of Custody

Relinquished By (Print/Signature):	Date:	Time:	Received By (Print/Signature):	Date:
Relinquished By (Print/Signature):	Date:	Time:	Received For Lab By (Print/Signature):	Date: