COMPLETE ANALYTICAL SERVICES, LLC.

COMPLETE ANALYTICAL SERVICES

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Tucson, Arizona 85714
Phone 520-884-5811
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Lab Number:

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Customer:	**Sampler:**	Sample Type Codes
Address:	**Project Name:**	DW - Drinking Water A - Air
City, State, Zip:	**Project Location:**	WW - Waste Water S - Soil
Contact:	**P.O. Number:**	HW - Hazardous Waste
Phone: **Fax:**	**Fax Results:** Y N	Other_____
E-Mail Address:	**E-Mail Results:** Y N	

Sample Receipt

Temperature_____ °C

Custody Seals: Yes_____ No_____

Custody Seals Intact: Yes_____ No_____

Total # of Containers:_____

Turn Around Request

_____ 24 Hours _____ 48 Hours

_____ 72 Hours

_____ 5 Working Days

_____Standard 10 Working Days

Subject to scheduling & availability (surcharges apply)

Analyses Requested

Sample Information

Lab #	Sample Identification	Date	Time	Type	# of sample Containers

Instructions / Special Requirements:

Date:	Time:	Samples Relinquished By:	Date:	Time:	Samples Received By: