



4450 Johnston Parkway, Unit B · Cleveland, OH 44128  
 (216) 663 0808 · FAX (216) 663 0656

LABORATORY WORK ORDER NO.

Check if same as REPORT TO

COMPANY NAME:				CONTACT:				INVOICE TO															
ADDRESS:												ADDRESS											
CITY:				STATE:				ZIP:				CITY				STATE				ZIP			
PHONE No.				FAX No.				Phone No.				FAX No.											
EMAIL:				PROJECT ID:				PO No.				QUOTE No.											
TAT <input type="checkbox"/> 10 Day (STD) *RUSH: <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 5 Day Auth. Signature _____												ANALYSIS REQUESTED											
*RUSH REQUESTS MAY INCUR SURCHARGES																							
Special Instructions & QC Requirements								TEMP °C		MATRIX													
								VIS. ICE YES / NO															
Sample Disposal <input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal by Lab <input type="checkbox"/> Archive for ____ Mos.																							
No.	SAMPLE IDENTIFICATION			DATE	TIME	CMP	GRAB	No. CONT															
1																							
2																							
3																							
4																							
5																							
6																							
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SAMPLERS				RELINQUISHED BY				DATE	TIME	RECEIVED BY				RELINQUISHED BY				DATE	TIME				
RECEIVED BY				RELINQUISHED BY				DATE	TIME	RECEIVED IN LABORATORY BY								DATE	TIME				