



10100 East Fwy (I-10)
Suite 100
Houston, TX 77029
713-453-6060
1-877-478-6060 Toll Free
713-453-6091 Fax
ablabs.com

1. REPORT TO:
 Company: _____
 Address: _____
 Contact: _____
 Phone: _____
 Fax: _____
 E-mail: _____

2. INVOICE TO:
 Company: _____
 Address: _____
 Contact: _____
 Phone: _____
 Fax: _____
 E-mail: _____

3. PO #
 3a. A&B Quote # _____
4. Turnaround Time (Business Days)
 1 Day* Other:
 2 Days*
 3 Days* *Surcharge applies
 7 Days - Standard

A&B JOB ID # _____

5. Project # _____

6. Project Name/Location _____

7. Reporting Requirement:
 TRRP Limits only TRRP Rpt. Package See Attached Standard Level II PST MDL EDD

8. Sampler's Name & Company (PLEASE PRINT) _____ **Sampler's Signature & Date** _____

| LAB USE ONLY | 9. Sample ID and Description | 10. Sampling | | 11. 12. Matrix | | | | | | | | | | 13. No. of Containers | 14. Containers* | 15. Preservatives** | 16. PH-Lab Only | 17. <i>Analyses/Methods</i> | 18. REMARKS | | |
|--------------|------------------------------|--------------|-----------|----------------|------|-------|------|--------|-----|----------------|-----|-------|--|-----------------------|-----------------|---------------------|-----------------|-----------------------------|-------------|--|--|
| | | Date | Time 24hr | Comp. | Grab | Water | Soil | Sludge | Oil | Drinking Water | Air | Other | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

| 19. RELINQUISHED BY | | DATE | TIME | 20. RECEIVED BY | | DATE | TIME |
|---------------------|--|------|------|-----------------|--|------|------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

21. KNOWN HAZARDS/COMMENTS
 Temperature: _____ °C
 Thermometer ID _____
 Intact: Y or N Initials _____

*Containers: VOA - 40 ml vial A/G - Amber/Glass 1 Liter
 4 oz/8 oz - glass wide mouth P/O - Plastic/other _____
 **Preservatives: C - Cool H - HCl N - HNO₃ S - H₂SO₄
 OH - NaOH T - NA₂S₂O₃ X - Other _____

METHOD OF SHIPMENT _____ BILL OF LADING/TRACKING # _____

LAB USE ONLY SAMPLING _____ RENTAL _____ P/U _____

A&B cannot accept verbal changes
 Please FAX written changes to 713-453-6091
 Samples will be disposed of after 21 days
 A&B reserves the right to return samples