



**PART IV: PROJECT COORDINATION INFORMATION**

1.\* ARE SAMPLING KIT/SUPPLIES NEEDED?  YES (Complete Item 2)  NO (Skip to Item 3)

2.\* DATE KIT/SUPPLIES REQUESTED BY: \_\_\_\_\_ (dd m m m yyyy)

a. Kit Handling Preference:

PICK-UP by project officer

SHIP TO: (Please provide address in box below)

Shipping Address: (include Bldg# and Phone#)


b. Number of coolers requested: \_\_\_\_\_

3.\* EXPECTED # OF SHIPMENTS: \_\_\_\_\_  
(For preparation of blanks)

4. SPECIAL HANDLING REQUIREMENTS:

CHAIN-OF-CUSTODY (COC) (COC document should be initiated in the field and forwarded with samples.)

SAFETY CONSIDERATIONS/HAZARDOUS MATERIALS (Specify): \_\_\_\_\_

ANALYSES WITH SHORT-HOLDING TIMES (List Specific Analyses): \_\_\_\_\_

OTHER (Specify): \_\_\_\_\_

**PART V: ANALYTICAL REPORT OPTIONS**

1.\* DELIVER RESULTS BY: (Indicate preference \*\*A hard copy report will be furnished in all cases\*\*)

ELECTRONIC DATA DELIVERABLE (EDD): \_\_\_\_\_

FAX TO: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

2. EDD DATA TYPE:

Excel

Access

Other: \_\_\_\_\_

3. ADDITIONAL DATA REQUEST (These items are delivered by mail only):  QC REPORT  RAW DATA

4.\* REQUEST SUBMITTED BY: \_\_\_\_\_

5. PRINT NAME: \_\_\_\_\_  
(Authorize)

6. SIGNATURE: \_\_\_\_\_  
(Note: Author's Signature Required if Submitted by Hard Copy)

**FOR DLS USE ONLY**

Date Rec'd: \_\_\_\_\_

Expiration: \_\_\_\_\_

Profile #: \_\_\_\_\_

Processor Initials & Date: \_\_\_\_\_

Work Order #: \_\_\_\_\_

**DLS Laboratory Team Responses:**

RAD	MET	EXP
ASB	GCMS	IH
CLS	PES	CDT

Date Sample Kit Completed: \_\_\_\_\_

Date Sample Kit Shipped/Picked Up: \_\_\_\_\_

Quote Completed: \_\_\_\_\_

Sent: \_\_\_\_\_

Quote Report #: \_\_\_\_\_

Invoice Completed: \_\_\_\_\_

Sent: \_\_\_\_\_

Invoice Report #: \_\_\_\_\_

**Notes**

