



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

LABORATORY WORK ORDER NO.

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☐ 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																															
VIS. ICE YES / NO												MATRIX																			
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																															
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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			