



EMSL Rep:

Third Party Billing requires written authorization from third party

Your Company Name: \_\_\_\_\_  
Street: \_\_\_\_\_

EMSL-Bill to: \_\_\_\_\_  
Street: \_\_\_\_\_

Box #: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Box #: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Results to:  
Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Project Name/Number: \_\_\_\_\_

Fax Results to:  
Name: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Purchase Order #: \_\_\_\_\_

<b>MATRIX</b>	<b>TURNAROUND</b>
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<input type="checkbox"/> Air	<input type="checkbox"/> Floor Tile	<input type="checkbox"/> Soil	<input type="checkbox"/> 3 hrs	<input type="checkbox"/> 6 Hours	<input type="checkbox"/> Same Day or 12 Hours*	<input type="checkbox"/> 24 Hours 1 day
<input type="checkbox"/> Bulk	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Dust	<input type="checkbox"/> 48 Hours 2 days	<input type="checkbox"/> 72 Hours 3 days	<input type="checkbox"/> 96 Hours 4 days	<input type="checkbox"/> 120 Hours 5 Days
<input type="checkbox"/> Wipe	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Micro-Vac	<input type="checkbox"/> 144+ hours 6-10 Days			

TEM AIR, 3 hours, 6 hours, Please call ahead to schedule. There is a premium charge for 3 hour tat, please call 1-800-220-3675 for price prior to sending samples. You will be asked to sign and authorization form for this service. 12 hours ( must arrive by 11:00 a.m Mon - Fri.), Please Refer to Price Quote

<p><b>PCM - Air</b></p> <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> OSHA <input type="checkbox"/> Other: _____	<p><b>TEM AIR</b></p> <input type="checkbox"/> AHERA <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> EPA Level II	<p><b>TEM WATER</b></p> <input type="checkbox"/> Wastewater <input type="checkbox"/> Drinking Water EPA 100.1 <input type="checkbox"/> Water - NY Wastewater <input type="checkbox"/> Water-NY Drinking Water
<p><b>PLM - Bulk</b></p> <input type="checkbox"/> EPA 600/R-93/116  <input type="checkbox"/> EPA Point Count <input type="checkbox"/> NY Stratified Point Count <input type="checkbox"/> PLM NOB (Gravimetric) NY 198.1 <input type="checkbox"/> Other: _____	<p><b>TEM BULK/misc</b></p> <input type="checkbox"/> Drop Mount (Qualitative)  <input type="checkbox"/> Chatfield <input type="checkbox"/> TEM NOB (Gravimetric) NY 198.4	<p><b>TEM MICROVAC / WIPE</b></p> <input type="checkbox"/> ASTM D 5755-95 <small>quantitative method</small>
<p><b>SEM Air or Bulk</b></p> <input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative		<p><b>XRD</b></p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Silica
		<p><b>OTHER</b></p> <input type="checkbox"/>

SAMPLE NUMBER	LOCATION	VOLUME (If Applicable)

Client Sample # (s) \_\_\_\_\_ - \_\_\_\_\_ Total Samples #: \_\_\_\_\_

Relinquished: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

