TRI	**TRI Air Testing, Inc.** *A Texas Research International Company*	*1607 N. Cuernavaca Dr., Suite # 500* *Austin, TX 78733* 512-263-0498	**Document No.:**	**70F- 19**
			Revision:	1
			As of:	August 24, 2016
Document Name :	**REQUEST FOR LABORATORY ANALYTICAL SERVICES**		**No. of Pages:**	_____ of _____
			Ref. Document:	

For TRI Use Only	**TRI Log Number:**		**Purchase Order No. :**		
	Date Logged-in:		**Client Job No.:**		
	By:		**Project Name:**		
REPORT RESULTS TO:	**Name:**		**SEND INVOICE TO:**	**Name:**	
	Company / Dept.:			**Company / Dept.:**	
	Mailing Address:			**Mailing Address:**	
	City, State, Zip			**City, State, Zip:**	
	Tel. No. / Fax No.:			**Tel. No. / Fax No.:**	
	Email Address:			**Email Address:**	
Requested Turnaround Time:			**ANALYSIS REQUESTED** (Enter an **"X"** in the box below to indicate request; Enter a **"P"** if Preservative added)		

Special Instructions: (method, limit of detection required, etc.)

* Explanation on Preservative:

Client Sample Identification	Date Sampled	Matrix/ Media	Air Volume	Number of Containers										FOL LAB USE ONLY

CHAIN OF CUSTODY	Relinquished by:		Date/Time		Received by:	Date/Time:	
	Relinquished by:		Date/Time		Received by:	Date/Time:	
	Relinquished by:		Date/Time		Received at Lab by:	Date/Time:	

Comments:	**Sample Condition Upon Receipt:**