CONTACT NAME	PROJECT NAME
MR Project #	SITE LOCATION
CLIENT	SAMPLER(S)

Address:

Phone Number:

E-mail:

Received On Ice: Y / N

Sample Receipt Temperature:_____

MOUNTAIN RESEARCH LLC

825 25th Street, Altoona, PA 16601 (814) 949-2034 (800) 837-4674 FAX (814) 949-9591

110 McCracken Run Road, Dubois, Pa 15801 (814) 371-6030 Fax (814) 375-0823

Requested Turn Around Time: _____10 Days ____5 Days _____RUSH **Approriate rush fees apply

Analysis Requested

SAMPLE ID/ ENTRY POINT	DATE	TIME	GRAB	COMP	Matrix	# Containers Preservative															**Lab Use Only** pH Check:	Comments: Lab Number

RELINQUISHED BY:	DATE/TIME	ACCEPTED BY:	DATE/TIME	Lab Workorder #:	Log In Time:
					Staff:
RELINQUISHED BY:	DATE/TIME	ACCEPTED BY:	DATE/TIME	Lab Information ONLY: pH Checks done next to Analysis Requested. ✓ are pH is between 3-9	Date: