



314 North Pearl Street  
 Albany, New York 12207  
 518-434-4546/434-0891 FAX

## REQUEST FOR INDUSTRIAL HYGIENE ANALYSIS

CLIENT NAME	PROJECT NAME (Location)	SAMPLERS' (Name)
ADDRESS	PO NUMBER	SAMPLERS' (Signature)

AES SAMPLE NUMBER	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME A = A.M. P = P.M.	MEDIA TYPE/ MATRIX	NO. OF CONT'S	TOTAL SAMPLING TIME (MIN.)	AIR SAMPLE VOLUME (LITERS)	ANALYSIS REQUESTED
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					

SEND REPORT TO	SEND INVOICE TO	Samples received in good condition: ___Y ___N
		Samples collected on proper media: ___Y ___N
		Comments: _____
		_____
		_____

**TURN-AROUND TIME – PLEASE CHECK ALL THAT APPLY**

\*STANDARD SERVICE

\*RUSH SERVICE — Results requested by: \_\_\_\_\_

FAX RESULTS TO: \_\_\_\_\_ FAX# ( ) -

PHONE RESULTS TO: \_\_\_\_\_ PH # ( ) -

\* Turn-around time varies by substance. For most substances, standard turn-around time is ten (10) working days.  
 Please inquire for capacity of rush analysis. *Note: Samples received after 3:30pm are considered next business day*

LABORATORY APPROVAL	DATE	TIME	RECEIVED FOR LABORATORY BY	DATE	TIME

**CHAIN OF CUSTODY**

RELINQUISHED BY (Signature)	RECEIVED BY (Signature)	DATE	TIME
RELINQUISHED BY (Signature)	RECEIVED BY (Signature)	DATE	TIME

WHITE — Lab Copy

YELLOW — Sampler Copy

PINK — Generator Copy