



Micron Reference No. \_\_\_\_\_

### Micron Environmental Labs, Inc.

3565 Lexington Avenue El Monte, California 91731 tel:(626) 454-4782 fax:(626) 602-9661

## Request for Laboratory Services

|   |   |
|---|---|
| Send Report To _____<br>Company _____<br>Address _____<br>_____<br>Phone ( ) _____<br>Fax ( ) _____ | Project No. _____<br>Project Ref. _____<br>Reporting Fax ( ) _____<br>Verbal ( ) _____<br>Email _____ |
|---|---|

**Turnaround & Instructions--Lab Use Only**

Number of Samples \_\_\_\_\_

Turnaround Time Requested  Normal (3-5 Days)  Next Day  Same Day  Other \_\_\_\_\_

Special Instructions  Analyze Blanks  Analyze All Samples  Stop at 1st Positive

**Comments:**

**Service Requested** (Each type of analysis requires a separate Request for Laboratory Services)

|   |  |
|---|--|
| <p><b>Asbestos Sample Analysis</b></p> <input type="checkbox"/> Bulk Sample Analysis by PLM<br><input type="checkbox"/> Bulk Sample Analysis by Point Count<br><input type="checkbox"/> 400 points<br><input type="checkbox"/> 1000 points<br><input type="checkbox"/> Air Sample Analysis by PCM<br><p><b>Soot &amp; Char Analysis</b></p> | <p><b>Lead Sample Analysis by Atomic Absorption Spectroscopy</b></p> <input type="checkbox"/> Air Sample Analysis<br><input type="checkbox"/> Paint Chip Sample Analysis<br><input type="checkbox"/> Wipe Sample Analysis<br><input type="checkbox"/> Soil Sample Analysis<br><br><input type="checkbox"/> Qualitative Analysis (Circle)<br>Tapelift / Swab / Bulk<br><input type="checkbox"/> Bacteria in Drinking Water // Temperature _____ |
|---|--|

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Waste Characterization | <input type="checkbox"/> TTL Analysis  | <input type="checkbox"/> Sewage Screen (Bacteria) |
| <input type="checkbox"/> STLC Analysis          | <input type="checkbox"/> TCLP Analysis |   |

**NEEDS PAYMENT**  
**DO NOT RELEASE RESULTS**

**For Lab Use Only** Lab Sample ID No.s \_\_\_\_\_

Acceptance/Rejection Criteria  Complies  Does not Comply

Results Reported: \_\_\_\_\_ Sent By: \_\_\_\_\_ Data Reviewed By: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ verbal fax email \_\_\_\_\_ Invoice No. \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ verbal fax email \_\_\_\_\_ Samples Billable \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ verbal fax email \_\_\_\_\_ \_\_\_\_\_

| Relinquished By (Signature) | Received By (Signature) | Time | Date | Reason for Change of Custody |
|-----------------------------|-------------------------|------|------|------------------------------|
|                             |                         |      |      |                              |
|                             |                         |      |      |                              |
|                             |                         |      |      |                              |

The sample collector is responsible for ensuring that all samples have been preserved according to the appropriate and applicable methodology.