

**Micron Environmental Labs, Inc.**

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

1 (Lab use only) Due By \_\_\_\_\_

Micron Ref No. \_\_\_\_\_

**Request for Laboratory Services**

<b>2 Customer Contact Information</b> Contact Name _____ Company _____ Address _____ Phone # _____ Fax# _____ E-mail Address: _____	<b>3 Customer Project Information</b> Project # and/or Reference Name _____ <hr/> <b>4 How would you like to receive your results?</b> E-mail <input type="checkbox"/> Address _____ Verbal <input type="checkbox"/> Phone# _____ Fax <input type="checkbox"/> Fax# _____
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**5 Turnaround & Special Instructions**

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

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

Special Instructions  Don't Analyze Blanks  Analyze All Samples  Stop at 1st Positive

**6 Service(s) Requested**

<b>Asbestos and Sample Particle Analysis</b> <input type="checkbox"/> Bulk Sample Analysis by PLM* <input type="checkbox"/> Tapelift Analysis by PLM* <input type="checkbox"/> Bulk Sample Analysis by Point Count* <input type="checkbox"/> 400 points <input type="checkbox"/> 1000 points <input type="checkbox"/> Air Sample Analysis by PCM** <input type="checkbox"/> <b>Soot &amp; Char (Particle Analysis) by PLM</b>	<b>Lead Analysis by Flame Atomic Absorption Spectroscopy***</b> <input type="checkbox"/> Air Cartridge Sample <input type="checkbox"/> Paint Chip Sample <input type="checkbox"/> Wipe Sample <input type="checkbox"/> Soil Sample <input type="checkbox"/> Miscellaneous Solids	<b>Microbiology - Fungi/Mold and Bacteria</b> <input type="checkbox"/> Fungi, Direct Exam, Quantitative Spore Trap (Air-O-Cell, Allergenco-D, etc.) <input type="checkbox"/> Fungi, Direct Exam, Qualitative <i>circle: Tape Lift / Swab / Bulk</i> <input type="checkbox"/> Bacteria/Sewage Screen, Swabs Colilert®, Enterolert® Includes: E. coli, Tot. Coliforms, Enterococci
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**7 Lab Use Only**  *Reject/Cannot Not Accept Samples* Lab Sample ID No.s \_\_\_\_\_

<b>Results Reported:</b>	<b>Sent By:</b>	<b>Reviewed By:</b>	Invoice No. _____
Date ___/___/___ Time _____ verbal fax email _____	_____	_____	# Contracted _____
Date ___/___/___ Time _____ verbal fax email _____	_____	_____	# Analyzed / QCd <u>  /  </u>
Date ___/___/___ Time _____ verbal fax email _____	_____	_____	<b>COD</b> <input type="checkbox"/>

**Customer Communications**

	<i>Initials</i>	<i>Time/Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>8 Chain of Custody</b>				
Relinquished By (Signature)	Received By (Signature)	Time (at hand-off)	Date	Delivery Method , circle (if not walk-in)
				<i>Mail / Dropbox / Return</i>
				<i>Mail / Dropbox / Return</i>
				<i>Mail / Dropbox / Return</i>
				<i>Mail / Dropbox / Return</i>

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

Test method IDs: \*EPA 600/R-93/116 and/or EPA 600/M4-82-020; \*\*NIOSH7400 A-rules; \*\*\*EPA 3050Bequiv/7420, NIOSH 7082 for Pb in Air