Multiple WSI / ANALYSIS REQUEST

Client & Billing Information

Report To:	Bill To:
Ship Address:	Address:
City: St: Zip:	City: St: Zip:
Phone: Fax:	Phone:
Email:	P.O.#
Contact:	
Project Name:	

EDGE ANALYTICAL
Main Lab (800-755-9295)
1620 S Walnut St, Burlington, WA 98233
Portland (503-682-7802)
9725 SW Commerce Cr A2 Wilsonville, OR 97070
Corvallis (541-753-4946)
1100 NE Circle Blvd Corvallis, OR 97330
Bend (541-639-8425)
20332 Empire Blvd Ste F4, Bend, OR 97701

INSTRUCTIONS
1. USE ONE LINE PER SAMPLE LOCATION
2. BE SPECIFIC IN TEST REQUESTS.
3. CHECK OFF ANALYSIS TO BE PERFORMED FOR EACH SAMPLE LOCATION
4. ENTER NUMBER OF CONTAINERS PER SAMPLE LOCATION

Turn Around Time Requested

- ☐ STANDARD
- ☐ HALF-TIME (50% SURCHARGE)
- ☐ QUICKEST (100% SURCHARGE) PHONE CALL REQ.
- ☐ EMERGENCY (PHONE CALL REQUIRED)

SPECIAL SOURCE NUMBERS

SRC- SOURCE SAMPLE
DIST- DISTRIBUTION SAMPLE
EP- ENTRY POINT SAMPLE
CH- COMMON HEADER SAMPLE
WTP- WATER TREATMENT PLANT

	SYSTEMID	SOURCE#	SAMPLE LOCATION	DATE	TIME	Compliance	Nitrate	THM	HAA	Volatile Organics	Lead & Copper					Number of Containers	SPECIAL INSTRUCTIONS/ CONDITIONS ON RECEIPT
1						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
2						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
3						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
4						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
5						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
6						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
7						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
8						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
9						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		
10						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		

SAMPLED BY: PHONE: FAX: EMAIL: ? TOTAL CONTAINERS

ddSAMPLES RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME

	YES	NO	N/A
CUSTODY SEALS INTACT	☐	☐	☐
SAMPLE TEMP_____ °C SATISFACTORY	☐	☐	☐
EVIDENCE OF COOLING	☐	☐	☐
SAMPLES RECEIVED INTACT	☐	☐	
CHAIN OF CUSTODY & LABELS AGREE	☐	☐	