

Analysis Request Form

CUSTOMER INFORMATION	N					
Company Sampling Location Billing City/Team/Office Date Main Contact Phone Email Field Project No. (if applies)						
PAYMENT METHOD PO number				☐ Credit ca	rd (3.25% surcha	arge applies)
					•	,
SAMPLE TYPE	□ 30B	☐ PS12B RATA	□ D012D L	ang Torm /Maakhy	☐ Specia	tion □ Gold
Hg sorbent traps	□ 308	□ PSIZB RATA	□ P312B L0	ong Term/Weekly	□ Specia	tion 🗀 Goid
Non-Hg sorbent traps	$\square NH_3$	$\square SO_3$	□HCI	☐ HBr	□Se	☐ As
Other non-sorbent trap sa	mple _					
TURNAROUND TIME*						
Hg sorbent traps ☐ Sa	ıme Dav	☐ One Day ☐ Tv	vo Day 🗆 Ex	kpedited Complian	ce 🗆 Sta	andard 3-5 days
Non-Hg sorbent traps Tu SAMPLE INFORMATION Total number of samples _			efer to the Guidance			
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Sample ID	Notes	Sample ID) Notes		іріе іD	Notes
1 2		9 10		18		
3		11		19		
4		12		20		
5		13		21		
6		14		22		
7		15		23		
8		16		24		
SHIPPING						
Please return traps packaged in box or tube with enough package						

