141 Suburban Rd, STE C-1 San Luis Obispo CA, 93401

Phone: (805)) 595-1080
Fax: (805)	595-1075

Abalone Coast	Rush: 24 Hr
Coast	

Abalo Coast Analy	ne tical	Rush:	Rush: 24 Hr 48 Hr 3 Day 5 Day 7 Day			7 Day	Lab Reference					
Client Name/Buisness:			Address					City State			e Zip	
ill To: Same												
						Phone #					Sign/Print Sampler N	ame
roject:						Fax #						
ontact:						Cell #						
ocation	D	ate/Time			Analysis	;* 		Matrix	Jar #	Bottle Type /	/ Preservative Lot #	Lab ID
oon relinguishmen	t. client is awar	re that designated sam	ples not performe	ed on-site are r	elinguished by	/ Abalone Coast	to a contracted lab	o for analysis	<u> </u>			
Relinquished by:				Recieved By:			Received By:			Received By:		
Date/Time:			Date/Time:				Date/Time:			Date/Time:		
Method of Shipment			Conditions:			•	Lab Cl	neckout:	-			
ient Cour	ier O	ther:		Intact (Y/N)	Sediment	PM-03 calibrated 2	On Ice (Y/N)	_				
porting Email:				Dı	ie Date:							
				_					Rema	rks:		