



**Rush:** 48 Hr  3 Day  5 Day  7 Day

**Lab Reference**

**Client Name/Business**

**Bill To: Same**

**Bacteriological Sample Type:**  Routine  Replacement  Repeat  Other **Phone #**   
**Project:**  **Fax #**   
**Contact:**  **Cell #**  **Sign/Print Sampler Name**

Location	Date/Time	Analysis*	Matrix	Jar #	Bottle Type / Preservative	Lot #	Lab ID

\*Upon relinquishment, client is aware that designated samples not performed on-site are relinquished by Abalone Coast to a contracted lab for analysis.

<b>Relinquished by:</b> <input style="width: 150px; height: 20px;" type="text"/>	<b>Recieved By:</b> <input style="width: 150px; height: 20px;" type="text"/>	<b>Received By:</b> <input style="width: 150px; height: 20px;" type="text"/>	<b>Received By:</b> <input style="width: 150px; height: 20px;" type="text"/>
<b>Date/Time:</b> <input style="width: 150px; height: 20px;" type="text"/>	<b>Date/Time:</b> <input style="width: 150px; height: 20px;" type="text"/>	<b>Date/Time:</b> <input style="width: 150px; height: 20px;" type="text"/>	<b>Date/Time:</b> <input style="width: 150px; height: 20px;" type="text"/>

**Method of Shipment**  Client  Courier  Other:

**Conditions:** PM-03 calibrated 2-5-26 (-0.43°C)  
 Intact (Y/N)  Sediment  Temp  On Ice (Y/N)

**Lab Checkout:**

**Reporting Email:**

**Due Date:**

**Remarks:**