

TAT
(circle one)

3 Hours 6 Hours Same Day Next Day
2 Days 3 Days 4-5 Days Other _____
TAT in bus. days - lab approval required for rush analysis

PASI Batch #

Client: _____ **PCM** Special Instructions: _____

Address: _____ **Chain of Custody** _____

Relinquished By: _____

Project # _____ PO: _____ Received By: _____

Project Site: _____ Shaded Area for lab use only. Due Date: _____

Contact: _____ # of Samples Received: _____ Analyzed: _____

Tel. / Fax #: _____ Results: email fax verbal By: _____ Date: _____

Email: _____ Analyst / Date: _____ QC by / Date: _____

Sample ID	Date Sampled	Description & Location Name & SSN	Pump No.	Pump On	Pump Off	Rotometer (LPM)		Rate (LPM)	Time (MIN)	Air Volume (Liters)	Fibers per 100 fields	Fibers per CC
				Hr./Mn.	Hr./Mn.	On	Off					

Comments: _____ **Serial #** _____ **Page** _____ **of** _____

Microscope: _____