

ENVIRONMENTAL SERVICE LABORATORIES, INC.

SAMPLE REQUEST & CHAIN OF CUSTODY

HEADQUARTERS
1803 Philadelphia St.
Indiana, PA 15701
(724) 463-TEST
FAX: (724) 465-4209



SOUTHERN DIVISION
1276 Bentleyville Road
Van Voorhis, PA 15366
(724) 258-TEST
FAX: (724) 258-8376



NORTHERN DIVISION
435 Broad Street
Montoursville, PA 17754
(570) 321-9003
FAX: (570) 321-1957



NORTHWEST DIVISION
950 Main Street
Sharpsville, PA 16150
(724) 463-TEST
FAX: (724) 465-4209



FOR INTERNAL LABORATORY USE ONLY

Sample Identification	ESL#	Sample Type				Matrix	# of Containers	Container Type <small>Preservative</small>	Analysis Requested
		Composite		Grab					
		Date on/off	Time on/off	Date	Time				

THE UNDERSIGNED PURCHASER HEREBY AGREES TO PAY SERVICE CHARGES ON ACCOUNTS OVER 31 DAYS OLD.
 1. THESE SERVICE CHARGES WILL ACCRUE AT THE RATE OF 1 1/2% PER MONTH (18% PER ANNUM OR THE MAXIMUM ALLOWED BY LAW.)
 2. THE UNDERSIGNED PURCHASER AGREES TO PAY, IN THE EVENT HIS ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO ANY ATTORNEY FOR COLLECTION, REASONABLE ATTORNEY'S FEES PLUS ALL COURT AND ATTENDANT COLLECTION COSTS.

Project Notes:

Sampled By: (Signature) _____	Date/ Time _____	Relinquished By: (Signature) _____	Date/ Time _____	Received By: (Signature) _____	Date/ Time _____
Relinquished By: (Signature) _____	Date/ Time _____	Relinquished By: (Signature) _____	Date/ Time _____	Received By: (Signature) _____	Date/ Time _____
Relinquished By: (Signature) _____	Date/ Time _____	Relinquished By: (Signature) _____	Date/ Time _____	Received By: (Signature) _____	Date/ Time _____

Company/Name: _____

 Contact Person: _____
 Address: _____

 Phone / Cell: _____
 Email: _____

Correct Preservations **Y / N / NA** Correct Containers **Y / N / NA** Receipt Temperature _____