



SCHNEIDER LABORATORIES GLOBAL, INC.

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Submitting Co.		State of Collection		Cert. Required	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Acct #		Phone	
		Email			
Project Name		PO #			
Project Location	Special Instructions:				
Project Number					
Collected By					

Turn Around Time **	Test Selection for all Samples listed below (Check box for all or circle individual request)	Individual Sample IH Analysis Requests			
<input type="checkbox"/> 2 Hour * <input type="checkbox"/> Same day * <input type="checkbox"/> 1 business day <input type="checkbox"/> 2 business days <input type="checkbox"/> 3 business days <input type="checkbox"/> 5 business days <p>* not available for all tests</p> <p>** A job received past 3 PM will begin its TAT the next business day</p> <p>Please schedule rush tests in advance</p>	<input type="checkbox"/> Silica (NIOSH 7602) <input type="checkbox"/> Formaldehyde (NIOSH 2016 / NIOSH 2541) <input type="checkbox"/> PAHs (NIOSH 5506) <input type="checkbox"/> BTEX (NIOSH 1501) <input type="checkbox"/> PCBs (NIOSH 5503) <input type="checkbox"/> Oil Mist (NIOSH 5026) <input type="checkbox"/> Isocyanates MDI (OSHA 47) HDI 2,4 TDI 2,6 TDI (OSHA 42) <input type="checkbox"/> Inorganic Acids HF (NIOSH 7906) H2SO4 H2PO4 (NIOSH 7908) (NIOSH 7903) HBr HCl HNO4 (NIOSH 7907) <input type="checkbox"/> Total Hydrocarbons as Hexane (NIOSH 1500) <input type="checkbox"/> Organic Solvent Profile / SOL Profile (Various NIOSH) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

Sample #	Date Sampled	Sample Identification	Time ¹		Flow Rate ²		Total Minutes	Air Vol ³				
			Start	Stop	Start	Stop						

¹Beginning and End of Sample Period ²Liters/Minute ³Volume in Liters [time in min x flow in L/min]

Relinquished By: _____ Signature: _____ Date/Time _____

! ALL SHADED FIELDS MUST BE FILLED TO AVOID DELAYS !