



**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 **	Matrix	Tests/Analytes (Select ALL that Apply) Blank spaces are for additional analytes			
<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 * not available for all tests ** past 3 PM the TAT will begin next business day Please schedule rush tests in advance	<input type="checkbox"/> Air <input type="checkbox"/> Paint <input type="checkbox"/> Soil <input type="checkbox"/> Wipe <input type="checkbox"/> Bulk <input type="checkbox"/> Waste Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Drinking Water <input type="checkbox"/> TSP / PM10 <input type="checkbox"/> _____	<b>Asbestos in Bulk</b>	<b>Metals Total</b>	<b>TCLP</b>	<b>Microbiology</b>
		<input type="checkbox"/> PLM <input type="checkbox"/> PLM Qualitative <input type="checkbox"/> 400 Point Count <input type="checkbox"/> 1000 Point Count <input type="checkbox"/> Gravimetric Prep	<input type="checkbox"/> Lead <input type="checkbox"/> RCRA 8 Metals <input type="checkbox"/> Chromium VI <input type="checkbox"/> Mercury <input type="checkbox"/> _____	<input type="checkbox"/> Lead <input type="checkbox"/> RCRA 8 Metals <input type="checkbox"/> Full TCLP <small>(w/ organics 10 Day)</small>	<input type="checkbox"/> BACT (MPN/PA) <input type="checkbox"/> Mold Direct Exam <input type="checkbox"/> Allergens
		<b>Asbestos in Air</b>	<b>Gravimetric</b>	<b>Miscellaneous</b>	<b>Sub-Contract</b>
		<input type="checkbox"/> PCM <input type="checkbox"/> PCM-B Rules	<input type="checkbox"/> Total Dust NIOSH 0500 <input type="checkbox"/> Resp. Dust NIOSH 0600	<input type="checkbox"/> Silica FTIR (7602) <input type="checkbox"/> _____	<input type="checkbox"/> TEM Chatfield <input type="checkbox"/> TEM AHERA <input type="checkbox"/> TEM 7402 <input type="checkbox"/> Silica XRD (7500)

Sample #	Date Sampled	Time Sampled	Sample Identification (Employee, Bldg, Material, Type <sup>1</sup> )	Wipe Area	Time <sup>2</sup>		Flow Rate <sup>3</sup>		Total Air <sup>4</sup>
					Start	Stop	Start	Stop	

For Aqueous and Solid samples ensure enough sample is sent for duplicate and spike analysis  
<sup>1</sup>Type: A=Area, B=Blank, P=Personal, E=Excursion    <sup>2</sup>Beginning/End of Sample Period    <sup>3</sup>Liters/Minute    <sup>4</sup>Volume in Liters [time in min x flow in L/min]

Relinquished By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_

**! ALL SHADED FIELDS MUST BE FILLED TO AVOID DELAYS !**