



**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  * not available for all tests  ** A job received past 3 PM will begin its TAT the next business day  Please schedule rush tests in advance	<input type="checkbox"/> Silica (NIOSH 7602) <input type="checkbox"/> PAHs (NIOSH 5506) <input type="checkbox"/> PCBs (NIOSH 5503) <input type="checkbox"/> Isocyanates <input type="checkbox"/> Inorganic Acids (NIOSH 7903) <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"/> Formaldehyde (NIOSH 2016 / NIOSH 2541) <input type="checkbox"/> BTEX (NIOSH 1501) <input type="checkbox"/> Oil Mist (NIOSH 5026) MDI (OSHA 47)    HDI    2,4 TDI    2,6 TDI (OSHA 42) HF (NIOSH 7906)    H2SO4    H2PO4 (NIOSH 7908) HBr    HCl    HNO4 (NIOSH 7907)							

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

<sup>1</sup> Beginning and End of Sample Period	<sup>2</sup> Liters/Minute	<sup>3</sup> Volume in Liters [time in min × flow in L/min]
Relinquished By: _____ Signature: _____ Date/Time _____		

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