

# EXPEDITE REQUEST FORM

## CONTACT INFO

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SAMPLE ID: \_\_\_\_\_

TYPE OF SAMPLE:      **Resin**      **Water**

ANALYSIS REQUESTED: \_\_\_\_\_

DATE SAMPLE IS EXPECTED TO ARRIVE AT THE LAB: \_\_\_\_\_

DATE RESULTS ARE NEEDED: \_\_\_\_\_

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APPROVED OR NOT APPROVED: \_\_\_\_\_

SIGNATURE OF LAB MANAGER: \_\_\_\_\_

DATE: \_\_\_\_\_