



Scientific Analytical Institute
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Lab Use Only	
Lab Order ID:	_____
Client Code:	_____

Contact Information	
Company:	Contact:
Address:	Phone:
	Fax:
	Email:
Project name/number:	
Collected by:	Collection date:

Billing/Invoice Information	
Company:	
Address:	
Contact:	
Phone:	Fax:
Email:	

Materials/Forensic Analysis	
Optical Particle Characterization (MPO) <input type="checkbox"/>	NIOSH 0500 (GTD) <input type="checkbox"/>
Unknown Particle Characterization <input type="checkbox"/>	NIOSH 0600 (GRD) <input type="checkbox"/>
Carbon Black/Sourcing (CBS) <input type="checkbox"/>	Carbon Black (CBL) <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>

Turn Around Times	
12 Hours <input type="checkbox"/>	96 Hours <input type="checkbox"/>
24 Hours <input type="checkbox"/>	120 Hours <input type="checkbox"/>
48 Hours <input type="checkbox"/>	144+ Hours <input type="checkbox"/>
72 Hours <input type="checkbox"/>	

Sample ID #	Specific Location	Volume/Area	Comments

Total Number of Samples _____

Relinquished by	Date/Time	Received by	Date/Time

