



Scientific Analytical Institute
 4604 Dundas Dr. Greensboro, NC 27407
 Phone: 336.292.3888 Fax: 336.292.3313
 www.sailab.com lab@sailab.com

<i>Lab Use Only</i>
Lab Order ID: _____
Client Code: _____

Company Contact Information	
Company:	Contact:
Address:	Phone <input type="checkbox"/> :
	Fax <input type="checkbox"/> :
	Email <input type="checkbox"/> :

Asbestos Test Types	
PLM EPA 600/R-93/116 (PLM)	<input type="checkbox"/>
<i>Positive stop</i>	<input type="checkbox"/>
PLM Point Count 400 (PT4)	<input type="checkbox"/>
PLM Point Count 1000 (PTM)	<input type="checkbox"/>
PCM NIOSH 7400-A Rules (PCM)	<input type="checkbox"/>
B Rules (PCB) <input type="checkbox"/>	TWA (PTA) <input type="checkbox"/>
TEM AHERA (AHE)	<input type="checkbox"/>
TEM Level II (LII)	<input type="checkbox"/>
TEM NIOSH 7402 (TNI)	<input type="checkbox"/>
TEM Bulk Qualitative (TBL)	<input type="checkbox"/>
TEM Bulk Chatfield (TBS)	<input type="checkbox"/>
TEM Bulk Quantitative (TBQ)	<input type="checkbox"/>
TEM Wipe ASTM D6480-05	<input type="checkbox"/>
TEM Microvac ASTM D5755-02	<input type="checkbox"/>
TEM Water EPA 100.2 (TW1)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Billing/Invoice Information	Turn Around Times	
Company:	90 Min. <input type="checkbox"/>	48 Hours <input type="checkbox"/>
Contact:	3 Hours <input type="checkbox"/>	72 Hours <input type="checkbox"/>
Address:	6 Hours <input type="checkbox"/>	96 Hours <input type="checkbox"/>
	12 Hours <input type="checkbox"/>	120 Hours <input type="checkbox"/>
	24 Hours <input type="checkbox"/>	144*Hours <input type="checkbox"/>

PO Number:
Project Name/Number:

Sample ID #	Volume/Area	Comments

Total # of Samples _____

Relinquished by	Date/Time	Received by	Date/Time

