



Scientific Analytical Institute
 4604 Dundas Drive 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: _____
--

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

