

Client Information:

Company Name: _____
Address: _____
Office Phone # _____
eMail Results to the below: _____
Name(s): _____
eMail Address: _____
eMail Address: _____



PRECISION TESTING LABS

2161 Whitesville Rd, Toms River, NJ 08755
Tel. 732-905-5000 Fax 732-279-4422
email: ptl@ptlabs.net web: www.ptlabs.net

Project Information:

Project Name on Results: _____
Project Address: _____
Turnaround: Standard (up to 2 weeks) 24 HRS 48 HRS
(Rushes incur additional fees.) 72 HRS 4-Day 5-Day
Company to Invoice: _____
(if different) Page _____ of _____
P.O.# _____ (Lab Only) Temperature: _____ °C

Matrix Codes
GW=Ground Water WW=Waste Water SW=Surface Water
DW=Drinking Water S=Soil O=Oil L=Liquid SD=Sludge
B=Blank P=Product or Gasoline K=Solid (specify): _____

Collection Information			
Sample ID	Sample Location or Depth (Optional)	Sample Date (MM-DD-YY)	Time Sampled (Military Time)

Sample ID	Chlorine may be in the sample.	EPH Cat. 1	PCBs	Pesticides	VO + 15 TCL	SPLP VO Extraction	BN + 15 TCL with SIM	BN + 15 TCL no SIM	PAH	Diesel-Fuel #2 Age-Date Analysis + Interpretation	TAL Metals	TAL / TCL+30	Preservative Code

CONTINGENCIES: BN Naphth+2-Methyl _____ SLP Naphth+2-Methyl _____ Other _____

INSTRUCTIONS: _____

NJ Regulatory Criteria: GWQC _____ IGWQC _____ EPH Guidance _____ IGWSSL _____ RDCSRS _____ NRDCSRS _____ Other _____

Standard (Results Only) _____ EDD (free download) _____
NJ Reduced _____ **NJ Full** _____ EDD (\$20 by email) _____

Final Signed Report Type: _____

SIGN BELOW WHEN DELIVERING SAMPLES. Each time samples change possession, including courier delivery, custody must be documented.

Relinquished by:	Received by:
Print Name: _____ Signature: _____ Agent of: _____ Date: / / Time: _____	Print Name: _____ Signature: _____ Agent of: _____ Date: / / Time: _____