



LABORATORY SERVICE REQUEST

(Please complete one form per sample type)

Allow a minimum of three business days for sample analysis and report generation

Customer Name: _____

Street Address: _____

Billing Address: _____

Technical Contact: _____ Telephone No.: _____

No. Samples Submitted: _____ Specify type: Sealed source leak test Wipe test

Sample Collection Date: _____

Radionuclide(s) Sampled Or Expected: _____

Sample Description/Origin: _____

Special Requests/Instructions: _____

Deliver samples to 1717 E. Speedway, Suite 1201 (Babcock Bldg.) Delivery only. Address U.S. Mail to P.O. Box 245101, Tucson, AZ 85724

FOR RLSS USE ONLY:

Date Received _____ Date Completed _____ Sample Numbers Assigned _____

Charges

Sample Charge _____ Analysis Performed By: _____

No. of Samples _____

Total Charge _____ Reviewed By: _____