ALS TECHNICHEM (M) SDN. BHD.

ANALYTICAL REQUEST FORM

[For lab use only]

1. ☐ **REGULAR Status**

☐ **RUSH Status Requested - ADDITIONAL CHARGE**
RESULTS REQUIRED BY _____
DATE
CONTACT ALS SHAH ALAM PRIOR TO SENDING SAMPLES

2. Date _____ Purchase Order No. _____

3. Company Name _____

Address _____

_____

Person to Contact _____

Telephone ( ) _____

Fax Telephone ( ) _____

E-mail Address _____

Billing Address (if different from above)

_____

_____

_____

4. Quote No. _____

ALS Project Manager _____

5. Sample Collection

Sampling Site _____

Industrial Process _____

Date of Collection _____

Time Collected _____

Date of Shipment _____

Chain of Custody No. _____

6. How did you first learn about ALS?

_____

_____

7. REQUEST FOR ANALYSES

Laboratory Use Only	Client Sample Number	Matrix*	Sample/Area Volume	ANALYSES REQUESTED - Use method number if known	Units**

* Specify: Solid sorbent tube, e.g. Charcoal; Filter type; Impinger solution; Bulk sample; Blood; Urine; Tissue; Soil; Water; Other

** 1. µg/sample 2. mg/m^3 3. ppm 4. % 5. $\mu g/m^3$ 6. _____ (other) Please indicate one or more units in the column entitled Units**

Comments _____

_____

Possible Contamination and/or Chemical Hazards _____

7. Chain of Custody (Optional)

Relinquished by _____ Date/Time _____

Received by _____ Date/Time _____

Relinquished by _____ Date/Time _____

Received by _____ Date/Time _____

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