Kuo Testing Labs, Inc.

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Client Name:		**Laboratory Performing Analysis:**	
Client Information	Billing Information:	**Reporting Address (if different from Billing Address)**	**Results**
Contact Person:	Company:	Company:	☐ Phone
Telephone No	Address:	Address:	☐ FAX
FAX:	City, St., ZIP:		☐ Mail
Project Name:	Purchase Order Number:	City, St., ZIP:	
Sampling Location:	Telephone:	Telephone: FAX:	

Lab Sample ID	**Customer Sample Identification**	**Date/Time Collected**	**Sample Type:** water, soil wastewater sludge, solid	**No. Of containers**	**Analyses Required**									**Requested Turn-around**
														☐ Normal ☐ Rush ☐ Priority **Comments:**

Sampled By (PRINT):	Sampled By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time
Relinquished By (PRINT):	Relinquished By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time
Relinquished By (PRINT):	Relinquished By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time