Primary Laboratories, Inc. Bottle Set Request Form

7423 Lee Davis Road - Mechanicsville, VA 23111 - Phone 804-559-9004 - Fax 804-559-9306

CLIENT/PROJECT INFORMATION

Client: _____

Contact: _____

Address: _____

_____

_____

Project: _____

Phone: _____

Fax: _____

Date Submitted: _____

Date Required: _____

Date Sampling: _____

Please check for delivery type:

Pick-up from lab: _____

Lab deliver to office: _____

Ship to: _____

QC INFORMATION

Check of level of QC Package required:

Level IV _____ Level II

Level III _____ NONE

Check if field blank H2O is required: _____

List Sample ID that will require MS/MSD: _____

SAMPLE INFORMATION

ANALYSIS REQUIRED:

Sample Identification	Sample Type Comp	Sample Type Grab	Matrix GW/SW	Matrix Soil/Solids	Matrix DW							

COMMENTS: