

Sample Temp at Receipt: \_\_\_\_\_

NEL ID Number: \_\_\_\_\_

Temp. Control: \_\_\_\_\_

Chilling Process (has) (has not) begun

**Report To:**

Client / Company Name: \_\_\_\_\_

Send reports by (please circle): Mail Email Fax

Attn: \_\_\_\_\_

Copy to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Invoice to (if different):**

Attn: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

**Site Information (if different from above):**

Site Address: \_\_\_\_\_

Collected By (please print): \_\_\_\_\_

**Analysis Requested**

Note: Some testing parameters may be outsourced to a certified laboratory

Name / Description	Additional Informaion about Sample						

**Comments / Notes:**

Relinquished By:

Date / Time:

Received By:

Date/Time:

Relinquished By:

Date / Time:

Received By:

Date/Time: