APPLIED SPECIATION AND CONSULTING, LLC

18804 Northcreek Parkway
Bothell, WA 98011

Phone (425) 483-3300
Fax (425) 483-9818

Company Name:	ASC Project Manager:
Contact Person:	By submitting of samples the client agrees to all terms and conditions set forth in the quotation provided by the ASC project manager. If you are not familiar with the term and conditions associated with your project, please contact your ASC representative as soon as possible (425) 483-3300.
Address:	
Phone Number:	
Fax Number:	Requested Turn Around Time:
Email Address:	Method of Sample Delivery:
Project Name:	Courier Tracking Number:
Project Number:	Confirmation of Sample Reception: ☐ Yes ☐ No
PO Number:	

Sample ID	Bottle ID	Date and Time	Matrix*	Volume	Preservative	Initials	Requested Analytes and Methods	Comments

Relinquished by: (sign)_____ (print)_____ Date/Time:_____

Received by: (sign)_____ (print)_____ Date/Time:_____

Comments:

Temp:

Relinquished by: (sign)_____ (print)_____ Date/Time:_____

Received by: (sign)_____ (print)_____ Date/Time:_____

Comments:

Temp:

Please account for each sample bottle as a seperate line item for verification purposes.

*Matrix: Air, Freshwater (FW), seawater (SW), groundwater (GW), wastewater (WW), soil (SL), sediment (SD), tissue (TS), product (P), other (O)