

American Testing Technologies, Inc.

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PROJECT REFERENCE		PROJECT NO.		PROJECT LOCATION (STATE)		MATRIX TYPE		REQUIRED ANALYSIS								PAGE	OF		
PROJECT MANAGER		P.O. NUMBER		CONTRACT NO.		COMPOSITE (G) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL, SOLVENT, ...)											STANDARD REPORT DELIVERY <input type="radio"/>		
CLIENT (SITE)		CLIENT PHONE		CLIENT FAX														DATE DUE _____	
CLIENT NAME		CLIENT E-MAIL															EXPEDITED REPORT DELIVERY (SURCHARGE) <input type="radio"/>		
																	DATE DUE _____		
CLIENT ADDRESS _____								PRESERVATIVE								NUMBER OF COOLERS SUBMITTED PER SHIPMENT:			
SAMPLE		SAMPLE IDENTIFICATION					NUMBER OF CONTAINERS SUBMITTED								REMARKS				
DATE	TIME																		
RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME								
EMPTY CONTAINERS																			
RECEIVED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME								
EMPTY CONTAINERS																			
LABORATORY USE ONLY																			
RECEIVED FOR LABAORATORY BY: (SIGNATURE)		DATE	TIME	CUSTODY INTACT YES <input type="radio"/> NO <input type="radio"/>	CUSTODY SEAL NO.	A.T.T. LOG NO.	LABORATORY REMARKS												

**ORIGINAL - RETURN TO LABORATORY WITH SAMPLE(S)**