



Utility Testing Laboratory

SAMPLE RECORD/ ANALYSIS REQUEST

1615 W. 2200 S. Suite A Salt Lake City, Utah 84119 Phone: 801-485-8941 FAX: 801-467-0065 <http://www.ut-labs.com>

Project Number:		Project Name:			Analysis						Report To (print):		
P.O. Number:		Sampler's Signature:									No. of cont.	Matrix	REMARKS
Date Sampled	Sample Time	Sample Identification / Location											

Relinquished (signature):	Date/Time:	Received (signature)	Date/Time:	SEND RESULTS TO (Company Name)				CONDITION OF SAMPLES	
Relinquished (signature):	Date/Time:	Received (signature)	Date/Time:	To the attention of:				Samples Chilled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relinquished (signature):	Date/Time:	Received (signature)	Date/Time:	Address:				Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relinquished (signature):	Date/Time:	Received (signature)	Date/Time:	Phone:				Preservation Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS:				e-mail / Fax:				Remarks:	