



SAMPLE TRANSMITTAL FORM

Client Code: _____
Study Number: _____
<i>For use by Pine Lake Laboratories</i>

SOP PS-88-007, version 15, effective date April 16, 2018

Contact Information

Contact Name and Title: _____
 Phone: _____
 Fax: _____
 Email: _____

Company: _____
 Address: _____

Sample Information

Sample Description:	Number of Units	Lot Number	Container Closure System	Handling and Storage Conditions	Test(s) to be performed	Test Specifications if none enter "NA"	For use by Pine Lake Laboratories only:	
							Sample Type	Sample ID
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	
							<input type="checkbox"/> Analytical <input type="checkbox"/> E&L <input type="checkbox"/> Material	

Samples are stored for up to 9 months at the indicated storage conditions. At the end of 9 months, samples will be discarded unless other arrangements are made. To request return of samples after the storage period, please provide your FedEx or UPS account number: _____

Client Comments/Approval.

Client Comments: _____ Client Signature and Date: _____

Pine Lake Laboratories Comments/Approvals

Comments: _____

 Pine Lake Laboratories Sample Coordinator (Sign and Date)

 Pine Lake Laboratories Quality Assurance (Sign and Date)