



**SAMPLE TRANSMITTAL FORM**

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

SOP PS-88-007, version 17, effective date October 25, 2021

**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)