Client Information:

**HBM Lab Job Number: Due Date:**

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| --- | --- |
| **Company:** | **Billing Address:** |
| **Report To (Name):** |  |
| **Email:** | **Phone:** |

Project Information:

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| --- | --- | --- |
| **Site Address:** |  |  |
|  | | |
| **Project Name:** | **Sample Collected By:** | **Collected On:** |

Turnaround Time (Turnaround time is based on business day: Monday to Friday, 8:00AM to 5:00PM, excluding statutory holidays.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5 Days** | **3 Days** | **2 Days** | **1 Day** | **End of Day (Bulk)** | **4 Hours (Air/Verm)** | **2 Hours (Bulk/Air)** |

1:00PM Cut-Off 1:00PM Cut-Off 3:00PM Cut-Off

Sample Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LAB USE ONLY** | **Sample ID & Location Sampled (eg. Kitchen, Living Room, Exterior, etc.)** | **Sample Type (eg. Drywall, Floor Tile)** | **Service(s) Required (Please Check):** | | | | |
| **Bulk** | **Verm** | **Air** | **Lead** | **Mold** |
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| **Relinquished By: (Signature/Print)** | | **Date:** | **Time:** | **Received By: (Signature/Print)** | | **Date:** | | | | **Time:** | | |
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| **LAB USE ONLY** | **Sample ID & Location Sampled** | | | | **Sample Type** | | **Services Required (Please Check):** | | | | | |
| **Bulk** | **Verm** | **Air** | | **Lead** | **Mold** |
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**HBM Lab Job Number:**