Client Information:

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

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| --- | --- |
| **Company:** | **Billing Address:** |
| **Name:** |  |
| **Email:** | **Phone:** |

Project Information:

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| **Site Address:** |  |  |
|  | | |
| **Project Name/ PO Number:** | Collected By: | Collect On: |

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

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| --- | --- | --- | --- | --- | --- | --- |
| **5 Days** | **4 Days** | | **3 Days** | **2 Days** | | **1 Day** |
| **End of Day** | | **4 Hours** | | | **2 Hours** | |
| **1:00PM Cut-Off (Asbestos Bulk Analysis Only)** | | **1:00PM Cut-Off (Asbestos Verm & Air Only)** | | | **3:00PM Cut-Off (Asbestos Bulk Analysis Only)** | |

Sample Information:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Lab ID Number** | **Sample ID & Location Sampled (eg. Kitchen, Living Room, Exterior, etc.)** | **Sample Type  (eg. Drywall, Floor Tile)** | **Service(s) Required (Please Check):** | | | | |
| **Asbestos Bulk** | **Asbestos Verm** | **Asbestos 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):** | | | | | |
| **Asbestos Bulk** | **Asbestos Verm** | **Asbestos Air** | | **Lead** | **Mold** |
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**HBM Lab Job Number:**