Client Information:

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

|  |  |
| --- | --- |
| **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:** |
|  |  |  |  |  |  |
| **LAB USE ONLY** | **Sample ID & Location Sampled** | **Sample Type** | **Services Required (Please Check):** |
| **AsbestosBulk** | **Asbestos Verm** | **Asbestos Air** | **Lead** | **Mold** |
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**HBM Lab Job Number:**