AT Labs
a unit of assay technology

AIHA Lab 107128
1382 Stealth Street
Livermore, CA 94551

(800) 833-1258

FAX (925)461-7149
askassay@assaytech.com

www.assaytech.com

LAB REQUEST FORM

WORK ORDER for Respirator Cartridge Testing

SHADED BOXES for Lab Use Only.

New Clients - Please complete all info boxes with Bold Titl
Repeat Clients may omit Client Info boxes for Client info o

Purchase Order No	*Send Lab Report To:*	*Send Invoice To:* *(if different)*	***Client Signature Required***
Client Contact No.	**Name/Title**	Name/Title	Service Authorized By
Client Phone	**Company/Organization**	Company/Organization	[◉] **REG** (6th DAY after receipt) 0% Surcharge
Client E-Mail	**Address**	Address	[◯] **EXP** (3rd DAY after receipt) 50% Surcharge
Client FAX	**City,State,ZIP**	City,State,ZIP	[◯] **RSH** (1st DAY after receipt) 100% Surcharge

Please Complete Chemical Challenge & Test Conditions Desired !

Project or Req. No. (optional)	Sample Batch No.	***Chemical Challenge***				***Desired Test Conditions***				
SAMPLE ID (assigned by Lab) (serial tracking no.)	**SAMPLE DESCRIPTION (completed by Client)** (30 character limit including spaces)	**TEST GAS or VAPOR**	**Test CONC'N** (ppm)	**TEST TEMP** (o C)	**TEST HUMID** (%RH)	**TEST FLOW** (L/min)	**BREAK THRU CONC'N** (ppm)	**MAX TEST TIME** (min)	**AIR RESTNC FLOW** (L/min)	PRE-CONDITION (RH, Flow, Time)

TEST METHOD REFERENCE

SPECIAL CONDITIONS

If desired, reference Std No or Method No. (NIOSH, CEN)	**Special Instructions for Test or Report**	**Special Handling** (e.g. to request special storage or return of samples to Client) **UPS or FedEx Account# for return shipment:**