GALSON LABORATORIES
6601 Kirkville Rd
East Syracuse, NY 13057
Tel: (315) 432-5227
888-432-LABS (5227)
Fax: (315) 437-0571
www.galsonlabs.com

☐ Check if change of address

New Client ? ☐ yes ☐ no

Report To : _____ Invoice To : _____

Phone No. : _____ Phone No. : _____

Fax No. : _____ Fax No. : _____

Site Name : **Project :** **Sampled By :**

Need Results By:	(surcharge)
☐ 5 Business Days	0%
☐ 4 Business Days	35%
☐ 3 Business Days	50%
☐ 2 Business Days	75%
☐ Next Day by 6pm	100%
☐ Next Day by Noon	150%
☐ Same Day	200%

☐ **Samples submitted using the FreePumpLoan™ Program**

Client Account No. : _____

Purchase Order No. : _____

Credit Card No. : _____ Card Holder Name : _____ Exp. : _____

☐ **Samples submitted using the FreeSamplingBadges™ Program.**

Email / Fax Results To : _____

Email Address : _____ Fax No. : _____

Sample Identification	Date Sampled	Collection Medium	*Air Volume (Liters)	Passive Monitors (Min)	Analysis Requested	Method Reference	Specific DL Needed

☐ **Yes** ☐ **No** **We normally add a laboratory blank for each analyte. We will charge you for this at our normal rate. If you agree please check "Yes" otherwise check "No".**

List description of industry or process / interference's present in sampling area : _____

Comments : _____

Chain of Custody	Print Name	Signature	Date/Time
Relinquished by :		If submitting online - no signature is necessary	
Received by LAB :		If submitting online - no signature is necessary	

Samples received after 3pm will be considered as next day's business *** sample collection time X LPM = Air Vol.**