

**\*Turnaround Time** selection is for **Preliminary Text Results only**. Report emailed after final review.

For samples received **AFTER 4:00PM CUTOFF**: Turnaround time begins **next business day**.

**AFTER-HOURS**: If no staff is present, put samples & this form in drop box, then **YOU MUST CALL** the **After-Hours Cell #** on the door.

**\*Turnaround Times** are **NOT GUARANTEED** and are subject to workflow and sample volume.

Turnaround Time - Check One

- ☐ **Rush**      ☐ **Rush Vermiculite**  
☐ **Non-rush**      ☐ **Non-Rush Vermiculite**  
☐ **ASAP** (upon availability)  
☐ **After Hours** - After 4pm

**Point Counts** (optional): Order **after** positive preliminary results are received.

Rush/Non-Rush turnaround begins when you submit your request.

Order immediately **before** final report is issued for 1 combined report.

Later requests require a separate report.

**Batch #** \_\_\_\_\_

**FINAL REPORT CONTACT INFORMATION**

**Name(s):**

**Company:**

**\*\*MOBILE/TEXT #**      **REQUIRED for PRELIMINARY RESULTS\*\***      **PLEASE** WRITE LEGIBLY

**\*\*E-MAIL ADDRESS(ES) for FINAL TEST REPORT and BILLING\*\***      **PLEASE** WRITE LEGIBLY

**BILLING CONTACT INFORMATION**

**Address:**

**City/State/Zip:**

**Telephone #:**

**Name of Project:**

**Project #**

**Project Address:**

**Job #**

**P.O. #**

**Sampled by:**

**Work Order #**

Keep our Analysts Safe. Have these samples been exposed to: *Hazardous Chemicals?*    ☐ Yes ☐ No    *Category 3 (Black Water)?*    ☐ Yes ☐ No

**Additional Notes:**

| Sample | Unique Field # | Sample Description | Date Sampled | Lab# |
|--------|----------------|--------------------|--------------|------|
| 1      |                |                    |              |      |
| 2      |                |                    |              |      |
| 3      |                |                    |              |      |
| 4      |                |                    |              |      |
| 5      |                |                    |              |      |
| 6      |                |                    |              |      |
| 7      |                |                    |              |      |
| 8      |                |                    |              |      |
| 9      |                |                    |              |      |
| 10     |                |                    |              |      |

**Chain of Custody:** Submitting samples or signing this form constitutes a contract under our standard fee schedule. Samples may be declined based on current laboratory capacity or if they do not align with our Sample Acceptance Criteria. Samples are analyzed as received; Dixon Information Inc. is not responsible for errors or omissions resulting from inaccurate customer data. Total liability for any claim shall not exceed the fee paid for the specific services rendered. Reports are confidential and released only to the client or company listed on this form unless authorized. Unless retrieved by the client, samples undergo safe disposal after 5 years.

**Submitted by:**

**Date:**

**Time:**

**Received by Lab:**

**Date:**

**Time:**

**Received by Analyst:**

**Date:**

**Time:**

**Returned by Lab:**

**Date:**

**Time:**