

2

Turnaround requested:

5

1) Released by:	2) Released by:
Print name:	Print name:
Signature:	Signature:
Company:	Company:
Date/Time:	Date/Time:

To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

200 1st Ave W, Suite 500
Seattle, WA 98119
206.378.1364

Windward LLC