

2000

Ship to: ACL

Attn: Sue Dinnikho

Shipper: Cover

Form filled out by: TDP

Shipping Date: 05.01.23

Airbill Number: ---

Turnaround requested: S&L

To be completed by Laboratory upon sample receipt::

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