RSI ANALYTICAL

# Sample Requisition Form

| Contact Name | Company Name & Address | | Project Number | Submit Samples To: |
|---|---|---|---|---|
| | | | | ATTN: SAMPLE RECEIVING<br>RSI Analytical<br>c/o UNTHSC<br>3420 Darcy Street, CBH-204<br>Fort Worth, TX 76107-2699<br>Phone: (817) 272-3450<br>Fax: (817) 549-0104 |
| Company Phone | | | PO Number | |
| Contact E-mail | Date of Shipment | Method of Shipment | # of Packages | |

Results Requested Via ☐ Fax ☐ E-mail ☐ Verbal ☐ Other (specify) _____

| Enter Sample Information as Labeled on Test Sample<br>Check all that applies for each sample. *Rush service will incur additional fee. | | | | Storage Requirements** | | | Rush* (y/n) | RSI sample # (RSI use only) |
|---|---|---|---|---|---|---|---|---|
| Test Sample | Concentration | Lot or ID # | Test Requested | Room Temp | 4°C | -20°C | | |
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**Samples will be stored by RSI Analytical for 90 days. After 90 days the sample will be properly disposed of.

| Additional Comments / Instructions: | |
|---|---|
| Completed By: | Date: |

| Chain of Custody (RSI Use Only) | | | | |
|---|---|---|---|---|
| Condition Upon Receipt | ☐ Good (package and sample intact) | ☐ Acceptable (packaging damage but sample intact) | ☐ Unacceptable (sample integrity in question) | |
| Received by | | Date | No. Packages | Temperature (°C) |
| Removed for testing by | | Date | Time<br>AM PM | |
| Tested by | | Date | Time<br>AM PM | |
| Returned to Storage by | | Date | Time<br>AM PM | |
| Notes | | | | |