



10 Independent Ave.
 Nitro, West Virginia 25143
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PLEASE PRINT CLEARLY

Company Name: _____		TURNAROUND TIME REQUESTED	
Contact Name: _____		Rush (1-2 hours) <input type="checkbox"/>	Standard <input type="checkbox"/>
Street Address: _____		Same Day (4 hours) <input type="checkbox"/>	(3-5 Days) <input type="checkbox"/>
City, State, Zip: _____		Next Day (24 Hours) <input type="checkbox"/>	Turnaround time is based on when the lab receives and logs in the samples to be analyzed.
Phone: _____		48 Hour (2 Days) <input type="checkbox"/>	
Email: _____			

TYPE OF ANALYSIS REQUESTED		
ASBESTOS	FUNGAL SPORE	LEAD
PCM (Air Samples) <input type="checkbox"/>	Spore Trap (Air) <input type="checkbox"/>	XRF <input type="checkbox"/> Soil <input type="checkbox"/>
TEM Analysis <input type="checkbox"/>	Direct Exam (Tape) <input type="checkbox"/>	Wipe <input type="checkbox"/> Chips <input type="checkbox"/>
PLM (Bulk Samples) <input type="checkbox"/>		
Point Count (If Applicable) <input type="checkbox"/>		
Analyze to Positive <input type="checkbox"/>		

Bill To If Different: _____	Comments/Instructions:
Address: _____	
City, State, Zip: _____	
Alt. Email: _____	

PAID BY: Cash Card Check Card on File

Project ID: _____ PO Number: _____

Sampling Date/Time: _____ Sampled By: _____

Project Description/Location: _____

Sample ID	Description	Comments	Lab ID

Relinquished By: _____	Date: _____	Laboratory Use:
Received By: _____	Date: _____	
	Time: _____	