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Fax: 304-440-3465 Web: www.pinnaclecorp.net

			•			Web	: www.pinnaclecorp	
Company Name:					TURNAROUND TIME REQUESTED			
Contact Name:					Same Day		3-Day	
Address:					1-Day		4-Day	
City State Zip:					•		5-Day	
Phone:				Special Request:		,		
	Email:							
			TYPE OF ANA	LYSIS REQUESTE	D			
ASBESTOS				FUNGALS		LEAD		
PCM (Air Samples)			PLM (Bulk Samples)		Spore Trap (Air)		XRF Soil	
TEM Analysis		Point Count (If Applicable) Analyze to Positive		Direct Exa			Chips	
Bill To If Different:			•	Comments/Instructions:				
Address:								
City Sta	ate Zip:							
	Email:							
PAID BY:	Cash	Card	Check	-				
Project ID:			P0 Number:					
Sampling Date/Time:				Sampled By:				
	scription/Locati	on:						
,	•							
Sample ID			Description		Comments		Lab ID	
•			•					
				La	boratory Use:			
Relinquished By:			Date:					
•	-							
Received By:			Date:					
			Time:					