



Client:		ARS Job Number:		P.O.Number:				
Contact:		Comments:						
Address:								
Phone:	Fax:							
Analysis Type: (Please circle)	1.NORM	2. Gamma	3. Ra-226	4. Ra-228	5. Gross alpha / beta	6. Other.....		
Sample ID	Sample Description	Sampling		Sample Matrix				ARS Lab ID
		Date	Time	Sand	Sludge	Water	Other	
Relinquished by:	Name:	Signature:		Date:		Time:		
Received by:	Name:	Signature:		Date:		Time:		

Please complete all yellow sections. Information to be entered into grey cells as you would like it to appear on the Sample Analysis Report.
 A PO number must be provided for ALL analyses.