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Laboratory Service #:

Standard (10 days) or specify: \_\_\_\_\_

**VC240** \_\_\_\_\_

Client:		Phone:		Analysis Requested						Comments: (Preservation, Filtration, Equipment Type, TAT, special sample notes)
Project Name:		Project/Task #:								
Email Address:		PO/WO #:								
Sampler: (print first & last name)		Sampler Signature:								

Lab code	Sample ID	Sample Date	Sample Time	Sample Volume	Matrix	Tube ID								
-001														
-002														
-003														
-004														
-005														
-006														
-007														
-008														
-009														
-010														
-011														
-012														
-013														
-014														
-015														

Relinquished by

Name (printed):	Date:
Company:	Time:
Signature:	
Name (printed):	Date:
Company:	Time:
Signature:	
Report To:	Shipping Method
	<input type="checkbox"/> Courier
	<input type="checkbox"/> DHL
	<input type="checkbox"/> FedEx
Bill To:	<input type="checkbox"/> UPS
	<input type="checkbox"/> USPS
	<input type="checkbox"/> Other
Electronic Data Deliverable (EDD) standard format: Y / N or Other: _____	

Received by Laboratory

Name (printed):	Date:
Company:	Time:
Signature:	
Name (printed):	Date:
Company:	Time:
Signature:	
<input type="checkbox"/>	DOES meet proper sample storage & transportation guidelines
<input type="checkbox"/>	Does NOT meet proper sample storage & transportation guidelines
Comments: _____	
<input type="checkbox"/>	Rec'd temperature C
<input type="checkbox"/>	Rec'd with ice
<input type="checkbox"/>	Rec'd with ice packs
Comments: _____	
Package / Cooler Custody Seals: Y N	
Sample Custody Seals: Y N	