

Bottle Request



Analytical Resources, LLC.

NEEDS BY DATE: _____

Inquiry Num/Project ID:
Additional ID:
Client:
Contact:

<input type="checkbox"/>	Time & Date Client will Pick Up: _____ Pickup by (whom): _____
<input type="checkbox"/>	Time & Date delivery required by ARI Courier:
<input type="checkbox"/>	Commercial Shipper: _____

ARLLC PM:
Date of Request:
Request Taken by:
Estimated date samples will return:

Completed by:	Date:
----------------------	--------------

- Send in Boxes Yes / No Include COCs (1 per 10 samples) Put labels on bottles
 Coolers needed Yes/ No Blue Ice Warm / Frozen Include labels loose
 Number of coolers: _____ Extra Bubble Wrap Individually Wrap Bottles

Number of Trip blank sets: _____ (2 per set) **TOTAL BOTTLES for all analyses:** _____

Number of samples	Analysis Requested	Sample Matrix	Bottle size	Bottle per sample	Total Bottles	Preservation - Lot Number	Bottle Lot Number

Shipping Address	Comments:
Phone:	