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| Client: |  |  | Bill To: |  |  | Requests/Comments: |
| Address: |  |  | Billing Address: |  |  |
| Contact: |  |  | Contact: |  |  | Date Received: |
| Phone: |  |  | Phone: |  |  | Received By: |
| E-Mail: |  |  | E-Mail: |  |  | Quotation: |
| Submitted By: |  |  | Signature: |  |  | P.O. Number: |

**Please Note: Samples will be held for 30 days after analysis. After this time, PCAF reserves the right to either dispose or return to client.**

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| Lab ID | No. | Client ID | Quantity | Matrix | Pre-treatment | Analysis Requested | Date Analyzed |
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