

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Send Email report to: _____



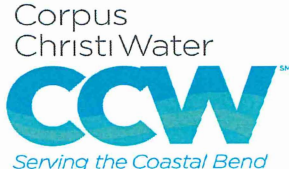
13101 Leopard St.
Corpus Christi, TX 78410

Ph: (361) 826-1200

Email: CCWLab@CorpusChristiTX.gov

Sampler: (PLEASE PRINT) _____

[illegible]

Relinquished By:	Date:	Time:	***** For Laboratory Use Only *****	
Received By:	Date:	Time:	Sample(s) on ice: YES NO	Data Flag(s) / Sample Comments:
Relinquished By:	Date:	Time:	Receiving Temp (°C):	
Received By:	Date:	Time:	Corrected Temp (°C):	
			Temp. Device ID:	
Special Instructions/Comments:				
Other*:				