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1. REPORT TO:

Company:

Address

Attn:

Phone:

Email:

2. INVOICE TO:

3. PO

4. Turnaround Time- Business Days

☐ 1 Day *☐ 4 Day *☐ 2 Days *☐ 5 Day - STD☐ 3 Days *☐ Need By: _____

* Surcharge Applies

**Day Zero is the day sample is received.
Report due at 5pm on due day.**

AGT Labs' JOB ID:

5. Project #

6. Project Name / Location:

7. Sampler's Name & Company

Samplers Signature & Date

8. Sample ID & Description

9. Sampling

10. Sample Matrix

Sample Number/Employee or Location*

Lab Use Only

Date

Time

of Cont.

W= Water, P=Plastic, S=Soil,
SL=Sludge, N=Naphtha,
C=Crude Oil, F= Fuel, D=Diesel,
GR=Grease, G=Gas, SD=Solid
L=Lube Oil, JF= Jet Fuel,
WW=Wastewater O=Other

14. Tests Requested

13. RELINQUISHED BY

DATE

TIME

14. RECEIVED BY

DATE

TIME

KNOWN HAZARDS / COMMENTS

1)

1)

2)

2)

BILL OF LADING/TRACKING #

Intact?

☐ Y☐ N

Initials _____

AGT LABS CANNOT ACCEPT VERBAL CHANGES. PLEASE FAX WRITTEN CHANGES TO 713-453-6091 OR EMAIL THE NEW COC TO Verenise.Valdespino@AGTLabs.com

Samples will be disposed of after 21 days. AGT Labs reserves the right to return samples.