

78 West 2400 South  
South Salt Lake, Utah 84115  
Phone: (801) 486-0800 Fax: (801) 486-0849  
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Batch Number: \_\_\_\_\_

**Turnaround Time** - Check one

- Non Rush Tape Lift Sample** (1 week **\$25.00**/Sample)
  - Rush Tape Lift Sample** (before midnight the next business day **\$45.00**/Sample)
  - Non Rush Aircell Analysis & Count** (1 week **\$25.00**/Sample)
  - Rush Aircell Analysis & Count** (before midnight the next business day **\$50.00**/Sample)
  - Emergency A.S.A.P.** (upon availability, emailed report a.s.a.p. \$100.00 per sample.)
- After Hours** (\$50.00 base charge for up to 5 samples. \$10.00 per additional sample. Priority Rush price per sample also applies. Holidays & After midnight double fee)

Name of location sample was taken at \_\_\_\_\_

Street address sample was taken at \_\_\_\_\_

Sampled by: \_\_\_\_\_ Date: \_\_\_\_\_

Project #  Work Order  Purchase Order # \_\_\_\_\_ Job#: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\*Please provide a text number below for preliminary results! A contact number is required on this form to receive that service.

<b>Report to be Sent to:</b>	<b>Billing to be sent to:</b>
Company:	Company:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone #:	Telephone #:
<b>Text #:</b>	
E-mail:	

Field #	Date	Description	Time On	Time Off	Flow	Volume	Lab #

**Chain of Custody:** serves as Dixon Information Inc.'s official work contract. Receiving samples signifies the Lab's capabilities to analyze the samples. Submission of asbestos for analysis and/or signing a Chain of Custody is the equivalent of submission of a purchase order and constitutes an agreement to pay for services provided at Dixon Information Inc. standard schedule of fees for services. Any change must be approved by laboratory and customer. Turn around time is subject to sample load.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Lab: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Analyst: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Returned by Lab: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_