MCHB-RE-L

CSD Form 8 Version 1.8 Revised: JUN 2012

Date Received:

USAPHC, PHCR-Europe LABORATORY SCIENCES (LS)

Request for Laboratory Analysis: Bioassay

	IX.	equest for i	Labo	ratory Ana	iysis. Divas	ssay					
Project No.:				RLA Reviewed By: Date:				LS SRN:			
Project Officer:				Email:				Tel:			
Alternate POC:				Email:				Tel:			
Address:											
Installation Site	<u>: </u>										
Fund Source: MIPR No						ARLOC / WIG					
Sample Collection Date: SELECT Certificate of Analysis Delivery Schedule:			Sample Collection Time:				Local	or U I	C {Zuiu}		
Analysis Priority Requested (Justification Required for Non-Routine Priority):											
Analysis i nong	y requestou (sustinouti	on Roquirou i	01 110	ii itoutiilo i ii	1011197.						
Note: LS assumes neither responsibility nor liability for the sampling protocols employed by the customer.											
I do NOT authorize LS to sub-contract requested analyses to an accredited Contract Laboratory.											
	T				T						
Specimen #	SF557 Received	Date of Sai	mple	Collection	Start Time		End Time				
					ı		L				
Requesting Medical Provider:											
Address:											
Phone No:	Fax No:			Email:							

— For Laboratory Use Only —

Received By:

Holding Area: CSD Bldg. 3809 Rm. 147