



TIMBER PRODUCTS
We Deliver Confidence.™

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LABORATORY REQUEST

CHAIN OF CUSTODY RECORD

REPORT TO NAME:		INVOICE TO NAME:		PROJECT #:		PROJECT NAME / PO #:	
ADDRESS:		ADDRESS:		DESIRED SERVICE TURNAROUND:		NORMAL	
						RUSH (PLS CALL LAB TO RECEIVE PRICING & COORDINATE REPORT DATE)	
PHONE: FAX:		PHONE: FAX:					
EMAIL:		EMAIL:					
TP #:	SAMPLE DATE:	SAMPLE DESCRIPTION:				REMARKS / SPECIAL INSTRUCTIONS:	
RELINQUISHED BY: CLIENT SIGNATURE		DATE/TIME:	RECEIVED BY: (TP)	RELINQUISHED BY:		DATE/TIME:	RECEIVED BY: