

FRSD Laboratory
 3107 Grant Park Blvd.
 Rockford, IL 61109
 Phone: (815) 387-7523
 E-Mail: laboratory@fourrivers.illinois.gov

Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Send Report To: _____ email: _____
 Sampled By: _____

Matrix Codes: S = Solid W = Water O = Other Sample Type: G = Grab C = Composite For Grab Samples, enter date and time under "start date" and "start time."							Analyses Requested						Lab Use	
							Sample Description	Matrix	Sample Type	Start		Stop		Temperature
Date	Time	Date	Time											

Relinquished By: _____ Date/Time: _____
 Received By: _____ Date/Time: _____

For Lab Use Only
workorder: _____
contract: <input type="checkbox"/>
IWS: <input type="checkbox"/>
plant: <input type="checkbox"/>