

**Main Office (Billing):** Environmental Lab:  
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**Client Name: Laboratory Performing Analysis: Kuo Testing Labs**

Client Information		Billing Address		Reporting Address (if different from Billing Address)		Results	
Contact Person:		Company:		Company:		<input type="checkbox"/> E-mail <input type="checkbox"/> FAX <input type="checkbox"/> Mail	
Telephone No.:		Address:		Address:			
FAX:		City, St., ZIP:		E-mail:			
Project Name:		Purchase Order Number:		Cell Phone:			
Sampling Location:		Telephone:		Telephone:			

Lab Sample ID (KTL Use Only)	Customer Sample Identification	Date/Time Collected	Sample Type: Potable Water Non-Potable Water	# of containers	Analyses Required								Requested Turn-around:	
													<input type="checkbox"/> Normal	<input type="checkbox"/> Rush

Sampled By (PRINT):	Sampled By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time
Relinquished By (PRINT):	Relinquished By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time
Relinquished By (PRINT):	Relinquished By (SIGNATURE)	Date/Time	Received By (PRINT):	Received By (SIGNATURE):	Date/Time