

TRAVELERS INDUSTRIAL HYGIENE LABORATORY
 90 LAMBERTON ROAD
 WINDSOR, CT 06095
 PHONE: 860-687-7400 FAX: 860-687-7430
HELP LINE: 1-800-842-0355
www.travelerslab.com

Standard Turn-Around Time (5 Business Days)
 3 Business Day RUSH (50% surcharge is applied.)
 2 Business Day RUSH (100% surcharge is applied.)
 1 Business Day RUSH (200% surcharge is applied.)
ALL RUSH REQUESTS MUST BE AUTHORIZED PRIOR TO SAMPLE SUBMISSION
LAB CONTACT WHO AUTHORIZED RUSH REQUEST: _____

Check if change of address

SEND REPORT TO:
 Name: _____
 Company: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
 Fax #: _____
 E-Mail Address: _____

SEND INVOICE TO:
 Name: _____
 Company: _____
 Address: _____
 City, State, Zip: _____
 Phone/Fax #: _____
 E-Mail Address: _____
 PO #: _____
 Credit Card #: _____ Exp. Date: _____
(MasterCard or Visa only)

Survey Date: _____

Location Sampled: _____

Sample/ Filter #	Sample Description	Media	Pump #	Minutes Sampled	Pump Flow* Rate (LPM)	Air Volume* (Liters)	Analytes Requested (MUST be specified for the lab to process the samples)

*** Pump Flow Rate and Air Volume calculations:**
 1. Calculate the **PUMP FLOW RATE** by averaging the pre and the post sampling calibrations (in cc/min) and then dividing the average by 1000 to convert to liters per minute (LPM).
 2. Multiply the **TOTAL MINUTES** sampled by the **PUMP FLOW RATE** in liters per minute to get the **AIR VOLUME** in liters.

Submitted by	PRINT NAME	SIGNATURE	DATE:
Received by (LAB):			

SPECIAL INSTRUCTIONS: (Please List Any)