

# WISCONSIN OCCUPATIONAL HEALTH LABORATORY (WOHL) SAMPLE SUBMISSION FORM

Bill To \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WOHL COMP# \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 FAX # \_\_\_\_\_  
 Email Address \_\_\_\_\_

Send Results To ATTN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Project \_\_\_\_\_  
 P.O. # \_\_\_\_\_

Date Sampled \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Turnaround:      • RUSH      • PRIORITY      • NORMAL  
 { must be prearranged }

◆ PLEASE GROUP SAMPLES BY MEDIA USED AND ANALYSIS REQUESTED. ◆

LAB USE ONLY	CUSTOMER FIELD #	SAMPLE MEDIA	WIPE SAMPLES	FOR AIR SAMPLES ONLY					ANALYSIS REQUEST
WOHL SAMPLE #			SIZE OF AREA WIPED EX: 2 IN x 2 IN	TIME ON	TIME OFF	TOTAL TIME (MINS)	FLOW RATE (L/MIN)	VOLUME (LITERS)	

**CHAIN OF CUSTODY: Relinquished**  
UPS, Fed-Ex & Other Shippers  
 Wisconsin Occupational Health Lab  
 2601 Agriculture Drive  
 Madison, WI 53718

US Postal Service  
 Wisconsin Occupational Health Lab  
 PO Box 7996  
 Madison, WI 53707-7996

Date \_\_\_\_\_  
Phone 608 224-6210  
 800 446-0403  
FAX 608 224-6213

Received \_\_\_\_\_ Date \_\_\_\_\_  
Sampling Questions  
[WOHLsampling@mail.slh.wisc.edu](mailto:WOHLsampling@mail.slh.wisc.edu)  
Web Page/Order Media  
<http://www.slh.wisc.edu/wohl>

SAMPLE CONDITION

\_\_\_\_\_ OK

\_\_\_\_\_ NOT OK

See Sample Receipt Record