The following instructions are for use in providing valuable information used to receive, test, report results, and to appropriately bill for the services rendered by the Gastonia Laboratory.

The fields mentioned below are for the accurate transfer of information from the client to the service provider:

* **Page \_\_\_\_ of \_\_\_\_\_** - *This field allows for one or multiple pages of sample information. If one page is use, then “Page 1 of 1”. If multiple pages, then as example would be “Page 2 of 3”. The fillable pdf contains a drop box list for the selection of up to 9 pages.*
* **Report Result To:** *This section is to include the contact person, the client, and all of the pertinent information to make sure the appropriate person receives the reports of analytical test results. Most of this information will appear on the report of analytical test results for the sample(s).*
* **Billing/Invoice Information:** *This section is to include the contact person for the client, all of the pertinent information to make sure the appropriate person receives the billing or invoice information, and when applicable the purchase order number (P.O. #) for which fund will be used to pay for the analytical testing services provided.*
* **Special Instructions:** *Enter any special instructions that need to be provided about the samples, method reference for testing, reporting, billing, or anything else that can be of assistance to the testing laboratory.*
* **Sample Description:** *Provide an accurate description of the sample that will appear on the report of analytical test results.*
* **Sample Identifier:** *Provide a unique identifier for each sample submitted. This information will appear on the report of analytical test results.*
* **Number of Containers:**  *Indicate the number of containers that are associated with each sample.*
* **Analysis Requested:** *An “X” is to be placed into each box indicating the type of test to be performed for each sample submitted for testing. If multiple tests are to be performed on a sample, multiple boxes are to have an “X” placed in them to indicate the testing to be performed on the samples associated with that line.*
* **Client Chain of Custody Information:**
	+ Sent By: *The name of the person sending the sample(s) is to be entered here.*
	+ Ship Date: *The shipment date of the sample(s) is to be entered here.*
* **For Lab Use Only:** *This section is for laboratory staff use and is not to be completed by the Client.*