



REPORT RESULTS TO:	Primary Contact:
	Client Company:
	Project Name:
	Project Number:
	Client P.O. #:
	Client Mailing Address:
	Client City, State, Zip:
<input type="checkbox"/> Check if Reporting and Invoicing are not to the same party	

Primary Contact's E-mail:
Primary Contact's Phone:
Also Report Results to:
1 Name: E-mail:
2 Name: E-mail:
3 Name: E-mail:
Sender and Shipping Date:
Tracking Information:

Shipping Address
TRI/Environmental, Inc.
GA [• ^] c@^ca&•A Laboratory
Attn: Dr. Tæ } • ^ \ @AÚæc^
9063 Bee Caves Road
Austin, Texas 78733-6201
1-800-880-8378

Please note that this COC has form fields that can be completed within a standard PDF reader. Some clients complete the entire COC electronically, some pre-populate contact information and fill in the samples and assignments by hand, and others complete the entire form by hand in the field. Please have a copy of the COC accompany the sample(s) to the laboratory so that work can be initiated upon receipt with the correct project name, sample identifications, assigned tests, and relevant details in place. Thank you for your business.

Sample ID	Product Designation (manufacturer, thickness, polymer, etc.)	Sample Type			Testing Standard
		Roll / Roll Cut	Coupon / Circles	Other	
1					
2					
3					
4					
5					

Special Instructions
1
2
3
4
5

Authorization:

Signature

Printed Name

Date