



SAMPLE SUBMITTAL FORM

Company Name:	
Contact Name:	Contact Phone/Email:
Sample Origin/Site Name:	Number of Samples & Containers (attach sample ID list if needed):
Date sent:	(KRTC use only) Date Received:

Please specify which testing is required for each sample. (If more, please attach.)

Sample	Testing Required	Dispose of after testing? (Y/N)

If **yes**, please check:

This (these) sample(s) MAY contain Mercury (Hg).....

This (these) sample(s) MAY contain radioactive minerals exceeding allowable transport concentrations.....
(If so, please contact KRTC, prior to sending sample(s)).

Please indicate the concentration, in ppm (mg/L), of the following substances. If unknown, please indicate u/k.

Arsenic (As) _____

Lead (Pb) _____

Antimony (Sb) _____

Mercury (Hg) _____

Cadmium (Cd) _____

Nickel (Ni) _____

Uranium (Ur) _____

Other (please specify substance(s) and concentration(s) in ppm): _____

If any boxes are checked, please provide details for safe handling and storage. Include any personal protective equipment, MSDSs, ventilation, clean up and disposal of sample. Please attach the above information. (Please note: Knelson reserves the right to ship the sample back to the client at the client's cost for disposal).