



PUGET SOUND SEDIMENT REFERENCE MATERIAL (SRM) REQUEST FORM

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| TO REQUEST PUGET SOUND SRM, PLEASE COMPLETE THIS FORM AND SEND IT TO: | |
| USEPA Region 10 SRM Manager Attn: Mr. Donald M. Brown 1200 Sixth Avenue, Suite 900 Seattle, WA 98101 Phone: (206) 553-0717 Email: brown.donaldm@epa.gov | Special Instructions: |
| NOTE: PUGET SOUND SEDIMENT REFERENCE MATERIAL IS USUALLY SHIPPED WITHIN 24 HOURS OF REQUEST. | |
| Date of Request: | Project/Site Name: |
| Date SRM Needed: | Project/Site Number: |
| No. of Bottles Requested: | FedEx Account No.: |
| NOTE: PUGET SOUND SEDIMENT REFERENCE MATERIAL IS PACKAGED IN GLASS BOTTLES CONTAINING 30 GRAMS OF MATERIAL. | |

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| Ship SRM, SRM request form, and Chain-of-Custody form with sample numbers to: | | |
| Contact Name: | Email: | |
| Laboratory Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax No.: | |
| Send copies of the SRM request form and Chain-of-Custody form with sample numbers to: | | |
| Contact Name: | Email: | |
| Company: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax No.: | |

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| For QATS Laboratory Use Only | |
| No. of Samples Shipped: | Shipped By: |
| Shipping Date: | Airbill No.: |
| COC No.: | |

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| As an authorized agency requestor, I certify that the Puget Sound SRM requested is to be used for USEPA Region 10 approved activities only. | |
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| Print Name | Authorized Signature |
| Authorized Agency: | Phone No: |

