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| TO REQUEST PUGET SOUND SRM, PLEASE COMPLETE THIS FORM AND SEND IT TO: | | | |
| USEPA Region 10 SRM Manager | **Special Instructions:**  Click or tap here to enter text. | | |
| Attn: Mr. Raymond C. Wu |
| 1200 Sixth Avenue |
| Mail Code: OERA-14-D12 |
| Seattle, WA 98101 |
| **Phone:** (206) 553-1413 | **Analytical Fraction**: | | |
| **Email:** wu.raymond@epa.gov | Dioxins/Furans | CB Congeners | Aroclors |
| **NOTE:** PUGET SOUND SRM WILL BE SHIPPED OVERNIGHT. REQUESTS PROCESSED WITHIN 2 WEEKS, PLEASE PLAN AHEAD! | | | |

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| Date of Request: | Select date from drop down menu. | Project/Site Name/Number: | Click or tap here to enter text. |
| Date SRM Needed: | Select date from drop down menu. |
| No. of Bottles Requested: | Click or tap here to enter text. | FedEx / UPS Acct #: | Click or tap here to enter text. |
| **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: | Click or tap here to enter text. | Email: | | | Click or tap here to enter text. | | |
| Laboratory Name: | Click or tap here to enter text. | | | | | | |
| Address: | Click or tap here to enter text. | | | | | | |
| City: | Click or tap here to enter text. | | State: | Click or tap here to enter text. | | Zip Code: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | | Fax No.: | Click or tap here to enter text. | | | |
| Send copies of the SRM request form and Chain-of-Custody form with sample numbers to: | | | | | | | |
| Contact Name: | Click or tap here to enter text. | Email: | | | Click or tap here to enter text. | | |
| Company: | Click or tap here to enter text. | | | | | | |
| Address: | Click or tap here to enter text. | | | | | | |
| City: | Click or tap here to enter text. | | State: | Click or tap here to enter text. | | Zip Code: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | | Fax No.: | Click or tap here to enter text. | | | |

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| For EPA Region 10 Manchester 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. | | | |
| Click or tap here to enter text. | |  | |
| Print Name | | Authorized Signature | |
| Authorized Agency: | Click or tap here to enter text. | Phone No: | Click or tap here to enter text. |