



COR FCD-00359/7

BUREAU VERITAS - REANALYSIS AUTHORIZATION FORM

Company Name: Invoice Company: _____ Report Company: _____

Contact Name: _____

Client Project #: _____ Job #: _____

(Please complete this form on a per job basis - i.e.: one form per original BV Job#)

TAT Requested

Standard (5 days)

☐

Rush* (3 days)

☐

(2 days)

☐

(1 day)

☐

(Same day)

☐**Terms and Conditions:**

Standard unit rates apply with any applicable rush surcharges for re-analyses that are within acceptable RPD limits of the original reported result or confirm sample inhomogeneity.

The reanalysis process will not start until the signed authorization is received by Bureau Veritas. Please note that reanalysis conducted past the hold-time may not be defensible. All changes in data will be reported.

For more information on Bureau Veritas Terms and Conditions, please refer to www.bvna.com/environmental-laboratories/resources/coc-terms-and-conditions.

* Bureau Veritas will use its best efforts to meet mutually agreed upon turn-around times.

Client Sample ID	BV ID	Sampling Date	Reason for Reanalysis	Parameter to be Reanalyzed	Proceed
				List one analysis per line. Use additional lines as necessary	Past Hold-Time
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N

General Comments/Instructions**REQUESTED BY:**

(Please authorize with your Printed Name and Date)

DATE:

(YYYY/MM/DD)

RECEIVED BY:

(Please authorize with your Printed Name and Date)

DATE:

(YYYY/MM/DD)