



**Environmental Health Lab  
Laboratory Certification & Approval  
Laboratory Technical Assistance Form**

TA #:

Date Received by EHL:

[To be filled out by EHL Lab Cert Staff]

Representative Filing Technical Assistance Request:

\_\_\_\_\_  
Last Name First Name Job Title

\_\_\_\_\_  
Business/Project Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Email

Laboratory Identified with Technical Assistance Request:

Laboratory ID #:

\_\_\_\_\_  
Contact Last Name Contact First Name Job Title

\_\_\_\_\_  
Laboratory Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Email

Please type a complete and detailed description of Technical Assistance Request in the space below:  
(method number, QC issues, corrective actions). If more space is needed, please write on a separate  
sheet and attach to this form. Please attach any supporting documentation.

\_\_\_\_\_

\_\_\_\_\_

**Laboratory -Technical Assistance Form (page 2)**  
Description of Technical Assistance Request continued below:

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Please address form to:

State of Alaska Environmental Health Laboratory  
Attn: Laboratory Certification/Approval Officer  
5251 Dr. MLK Jr. Avenue  
Anchorage, AK 99507  
Fax: 907-929-7335  
Email: DEClabcert@alaska.gov

Official use only.

TA Number: \_\_\_\_\_

Comments on Technical Assistance Request:

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Received by: \_\_\_\_\_

Follow-up on: \_\_\_\_\_

Resolved on: \_\_\_\_\_