TEM / PCM / PLM Chain of Custody Record

Lab/Cor, Inc
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Client: _____

Address: _____

City, State, Zip: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

Other Info: _____

Analytical Protocol:

____ AHERA
____ Modified EPA II
____ EPA II (Yamate)
____ NIOSH 7402 (TEM)
____ NIOSH 7400 (PCM)
____ ASTM Dust
____ EPA 100.1/ 100.2
____ ISO: 10312
____ Bulk PLM
____ Bulk TEM ☐ Quantitative ☐ Semi-Quant ☐ Qualitative

Turnaround Time:

____ 7 days
____ 5 days
____ 3 days
____ 48 hours
____ 24 hours*
____ 6 hr **RUSH***

____ Redeposit

Project Name: _____ **Project Number:**_____ **P.O. Number:**_____

Sample Number	Sample Description	Sample Date	Sample Time			Flow Rate (lpm)			Total Volume	IWA	OWA	Blank
			On	Off	Total	Start	End	Avg				

Internal Lab Use Only:

Prelim Released: _____ By : ☐ Fax ☐ Phone ☐ E-mail ☐ Verbal

Final Results Released: _____ By : ☐ Fax ☐ Phone ☐ E-mail

Hardcopy / Invoice Mailed: _____

By signing below you are agreeing to comply with Lab/Cor's Requests, Tenders and Contracts.

* ***Call ahead for TATs of 24hrs or less***

Relinquished by:	Received by:	Date:	Time:
_____	_____	_____	_____
_____	_____	_____	_____