



### CHAIN-OF-CUSTODY RECORD

CLIENT INFORMATION		ANALYSIS REQUESTED	TURN AROUND TIME REQUESTED
Company Name:		<b>List the required analysis type with each sample below:</b> Fungal and/or Particulate - (Air, Tape, Bulk or Dust) Micro - (Total/Fecal Coliforms, E. coli, Legionella, MPA) PCM - (NIOSH 7400) PLM - (Bulk) TEM Air - (AHERA, Mod EPA II, NIOSH 7402 or ISO 10312) TEM Bulk - (EPA 600/ELAP 198.4 or Vermiculite) TEM Water - (EPA 100.2/100.1) TEM Dust - (ASTM 5755 or ASTM 6480) XRD - (Silica NIOSH 7500) <b>List other services as needed below</b>	<input type="checkbox"/> RUSH <b>Rush and 1 day TAT</b> <input type="checkbox"/> 1 day <b>require prior approval</b> <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> Standard
Client Address:			
City, State:			
Reporting Email:			
Invoicing Email:			
Contact:			
Phone:	Email:		
Project Identifier/Location:			
Project Number:			
PO#:		<b>LEVEL OF ANALYSIS</b> <input type="checkbox"/> QUALITATIVE <input type="checkbox"/> QUANTITATIVE SEMI-QUANTITATIVE	

Client Sample Number	Sample Date / Time	Sample Volume/Area	Analysis Requested	Sample Specific Notes and Descriptors:

**Special Instructions & Comments:**

**EPA 100.2 samples >48 hrs past collection will require Ozone/UV Treatment. Proceed if needed and approve additional fee?**       Yes       No - Will call lab first

If asbestos in water samples are for compliance, please use the state reporting form on our sample submission forms page.      **Is this from a potable source?**       Yes       No

Relinquished by:	Date/Time:	Received By:	Date/Time:
Relinquished by:	Date/Time:	Received By:	Date/Time:

**Laboratory Receipt Comments:**      **Temperature on Receipt:**      **Condition on Receipt:**

Reviewer 1/ Date:	Reviewer 2/ Date:	Results Sent:	Invoice Sent:
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