

Chain of Custody Record

LabCor Portland, Inc.
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Portland, OR 97239

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www.labcor.net

Customer Name: _____

Customer Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Contact Email: _____

Invoicing Email: _____

Other info (Verbals, etc): _____

Analytical Protocol:
 ___ PLM – Visual estimate
 ___ PLM – 400 Pt. Count
 ___ PLM – Gravimetric
 ___ AHERA
 ___ EPAII, Mod EPA II
 ___ NIOSH 7402 (TEM)
 ___ NIOSH 7400 (PCM)
 ___ TEM Bulk
 ___ EPA/600/R-04/004
 (TEM Vermiculite)
 Other _____

Requested Turnaround Time:
 ___ 5 days
 ___ 3 days
 ___ 2 days
 ___ 24 hours*
 ___ RUSH – 6 business hours*
** Please call ahead for TATs of 24hrs or less, all TATs not available for all analyses*

Project Name: _____ **Project No.:** _____ **P.O. No.:** _____

Bulk Samples need only Sample Number, Description and Date (if avail).			Time			LPM - Flow Rate			Volume	IWA	OWA	Blank
Sample No.	Sample Description	Date	On	Off	Total	Begin	End	Avg	TOTAL			

By signing below you are agreeing to comply with Lab/Cor's Terms and Conditions

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

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

Internal Lab Use Only:

Prelim Released: _____ Final Results Released: _____ Invoice e-mailed: _____

By : E-mail Verbal By : Phone E-mail Reviewed By: _____