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LabCor, Inc.

For use by Job #:
Lab/Cor:

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CHAIN-OF-CUSTODY RECORD

CLIENT INFORMATION		ANALYSIS REQUESTED	TURN AROUND TIME REQUESTED
Company Name:		List the required analysis type with each sample below: 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) List other services as needed below	<input type="checkbox"/> RUSH Rush and 1 day TAT <input type="checkbox"/> 1 day require prior approval <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:		LEVEL OF ANALYSIS <input type="checkbox"/> QUALITATIVE <input type="checkbox"/> QUANTITATIVE	
Project Number:			
PO#:			

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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