



CHAIN OF CUSTODY

Your Name: _____		Bill to: _____		
Company: _____		Address: _____		
Address: _____		City/State: _____ Zip: _____		
City/State: _____ Zip: _____		PO #: _____		
Project Information				
Project #/Name: _____		E-Mail: _____		
Results To: _____		Tel: _____		
Report Options: Verbal <input type="radio"/> E-Mail <input type="radio"/> Fax <input type="radio"/> USPS <input type="radio"/> Fax: _____				
Requested Turnaround Time				
Emergency* <input type="checkbox"/>	1 Day <input type="checkbox"/>	2 Day <input type="checkbox"/>	3 Day <input type="checkbox"/>	5 Day <input type="checkbox"/>
Media and Methodology				
<u>TEM – AIR</u> <input type="radio"/> AHERA <input type="radio"/> NIOSH 7402 <input type="radio"/> Level II	<u>TEM – BULK</u> <input type="radio"/> Qualitative +/- <input type="radio"/> NOB 198.4 / Chatfield <input type="radio"/> Gravimetric Reduction	<u>PLM - BULK</u> <input type="radio"/> EPA 600/R-93/116 <input type="radio"/> Point Count (400) <input type="radio"/> NOB 198.6 <input type="radio"/> Gravimetric Reduction	<u>MOLD - AIR</u> <input type="radio"/> Spore Traps: Non-Viable (Air-O-Cell / Allergenco) <input type="radio"/> Culture Plates: Viable	<u>LEAD - FAA</u> <input type="radio"/> Paint (EPA 7420) <input type="radio"/> Dust/Wipes <input type="radio"/> Air (NIOSH 7082) <input type="radio"/> TCLP (EPA 1311)
<u>TEM - WATER</u> <input type="radio"/> Drinking Water 100.2 / 198.2 <input type="radio"/> Wastewater	<u>TEM - DUST (ASTM 5755)</u> <input type="radio"/> Micro-Vac Quantitative <input type="radio"/> Micro-Vac Qualitative	<u>PCM - AIR</u> <input type="radio"/> NIOSH 7400 <input type="radio"/> OSHA: TWA	<u>MOLD - BULK</u> <input type="radio"/> Tape Lift/Bulk: ID Only <input type="radio"/> Culture Plates: ID Only	<u>LEAD - GFAA</u> <input type="radio"/> Water (EPA 7421) <input type="radio"/> Effluent <input type="radio"/> Air
Sample Information				
SAMPLE NUMBER	LOCATION		VOLUME	
Total Number of Samples Submitted: _____				
Signatures				
Relinquished By: _____		Date: _____	Time: _____	
Received By: _____		Date: _____	Time: _____	
Relinquished By: _____		Date: _____	Time: _____	
Received By: _____		Date: _____	Time: _____	

**Emergency TAT requires prior lab notification. All samples analyzed outside normal business hours are charged at Emergency rate.*

