

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"/>	3-5 Day <input type="checkbox"/>	
-------------------------------------	--------------------------------	--------------------------------	----------------------------------	--

Media and Methodology

<u>PLM - BULK</u> <input type="radio"/> EPA 600/R-93/116 <input type="radio"/> Point Count (400) <input type="radio"/> IRSST 244 (Quebec)	<u>MOLD</u> <input type="radio"/> Spore Traps: Non-Viable (Air-O-Cell / Allergenco) <input type="radio"/> Tape Lift/Bulk: ID Only
---	--

Sample Information

SAMPLE NUMBER	DESCRIPTION/LOCATION	VOLUME

Total Number of Samples Submitted: _____	Positive Stop (circle): YES NO
--	-------------------------------------

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.

