

Chain of Custody
(Lab Use Only)

Page ___ of ___

Client Name:	Project Reference:
Contact Name:	Quote #
Address:	PO #
	Email Address:
Telephone:	

TAT: [] Regular
[] 2 Day
[] 1 Day
[] Same Day

Date Required: _____

ASBESTOS ANALYSIS

Matrix Type: A (Air) O (Other) **Regulatory/Guideline Requirements:** _____ **Required Analyses:** [] PCM [] PLM [] PLM 400PC [] PLM 1000PC [] Chatfield

Parcel Order Number:		Matrix	Matrix Description	Sampling Date	Air Volume (L)	Positive Stop?	Is the Sample Layered?	If Yes, Describe Sample Layer(s) to be Analysed Separately
Sample ID								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Comments:	Method of Delivery:
-----------	---------------------

Relinquished By (Print & Sign):	Received by Driver/Depot:	Received at Lab:	Verified By:
Date/Time:	Date/Time:	Date/Time:	Date/Time: