



CA Labs
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Chain of Custody

Client Name: _____	CA Labs Job #	CAL
Client Address: _____	Billing Address: _____	_____
	(if different) _____	
Phone Number: _____	P.O. #: _____	_____
Fax Number: _____	Project Name: _____	_____
Send Reports to: _____	Project Number: _____	_____
	Report Results: _____	_____

Contact: _____	Via: Email _____	FAX _____	Verbal _____
Total # Samples Submitted:	Total # Samples to be Analyzed:	Material Matrix: Air / Bulk / Water	

Please indicate appropriate turn around time.

Asbestos: *please call ahead for availability of all rush and/or after hours samples*

TEM	TA Time	PLM	TA Time	Optical / IAQ	TA Time
<i>Circle analysis and select TA time</i>		<i>Circle analysis and select TA time</i>		PCM: NIOSH 7400	Note TAT
AHERA	4 hour	EPA 600	4 hour	Allergen Particle:	24 hour
EPA Level II	8 hour		8 hour	tape/bulk/swab	2 days
Drinking Water	16 hour		16 hour	Cyclex-d cassettes	3 days
Wipe	24 hour	AHERA	24 hour	Air-o-cell cassettes	5 days
Micro-vac	2 days		2 days	Anderson cultures	Specify
NIOSH 7402	3 days	Point Count -	3 days	Bulk/swab cultures	Mold or
Chatfield Bulk	5 days	(NESHAPS)	5 days	Bacteria cultures	bacteria

Lead: *Circle analysis and select TA time*

Matrix:	Paint Chips	Soil	Air	Wipes	Wastewater
TA Time:	8 hour	1 day	2 days	3 days	5 days

Sample Information:

Sample Number:	Sample Location:	Sample Date/Time:	Sample Volume (L):

Custody Information:

Samples relinquished: _____
 Signature / Date / Time

Samples received: _____
 Signature / Date / Time

Samples relinquished: _____
 Signature / Date / Time

Samples received: _____
 Signature / Date / Time

