

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:	
Contact:		Report Results:	
		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>	2 hour	PCM: NIOSH 7400	Note TAT
AHERA	4 hour	EPA 600- PLM Bulk	4 hour	Allergen Particle:	24 hour
EPA Level II	8 hour		8 hour	tape/bulk/swab	2 days
Drinking Water	24 hour		24 hour	Cyclex-d cassettes	3 days
Wipe	2 days	AHERA	2 days	Air-o-cell cassettes	5 days
Micro-vac	3 days		3 days	Anderson cultures	Specify
NIOSH 7402	5 days	Point Count -	5 days	Bulk/swab cultures	Mold or
Chatfield Bulk		(NESHAPS)		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 Description:	Sample Location:	Volume: (if applicable)	Sample Date/Time:

Custody Information:

Samples relinquished: _____
Signature / Date / Time

Samples relinquished: _____
Signature / Date / Time

Samples received: _____
Signature / Date / Time

Samples received: _____
Signature / Date / Time



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[illegible]

Custody Information:

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Signature / Date / Time

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Signature / Date / Time

Samples received:

Signature / Date / Time

Samples received:

Signature / Date / Time