CP Labs
Consumer Product Laboratories
A division of International Asbestos Testing Laboratories

9000 Commerce Parkway, Suite B • Mount Laurel, NJ 08054
Phone: 877-428-4285/856-231-9449 • Fax: 856-231-9818

Chain of Custody

Contact Information

Client Company: _____ **Project Number:** _____
Office Address: _____ **Project Name:** _____
City, State, Zip: _____ **Primary Contact:** _____
Fax Number: _____ **Office Phone:** _____
Email Address: _____ **Cell Phone:** _____

Matrix:

☐ Resale Product ☐ Bulk ☐ Surface Dust/Wipe ☐
☐ Children's Product ☐ Coating ☐ Other _____

Analysis Method:

☐ AAS: 16 CFR Part 1303, Standard Practice for Analysis of Lead in Consumer Products by Acid Digestion/Atomic Absorption Spectrophotometry
☐ AAS: CPSC-CH-E1001-08, Analysis of Lead in Children's Metal Jewelry by Acid Digestion/Atomic Absorption Spectrophotometry
☐ AAS: CPSC-CH-E1002-08, Analysis of Lead in Children's Non-Metal Products by Acid Digestion/Atomic Absorption Spectrophotometry
☐ AAS: CPSC-CH-E1003-09, Standard Operating Procedure for Determining Lead (Pb) in Paint and Other Similar Surface Coatings
☐ AAS: ASTM F 963-07, Standard Consumer Safety Specification for Toy Safety
☐ AAS: ASTM WK19130, New Specification for Lead Content in Polyvinyl Chloride (PVC) Plastics Used in Children's Consumer Products
☐ AAS: ASTM C872 - 89(2005), Standard Test Method for Lead and Cadmium Release from Porcelain Enamel Surfaces
☐ Other: _____

Special Instructions: _____

_____

_____

All information, communication, and analytical results are between CP Labs and their customers are strictly confidential.

Turnaround Time

Preliminary Results Requested Date: _____ ☐ Verbal ☐ Email ☐ Fax
Specific date / time
☐ 30 Day ☐ 10 Day ☐ 5 Day ☐ 3 Day** ☐ 2 Day**

** Matrix Dependent. ***Please notify the lab before shipping***

Chain of Custody

Relinquished (Name/Organization): _____ Date: _____ Time: _____
Received (Name / iATL): _____ Date: _____ Time: _____
Sample Login (Name / iATL): _____ Date: _____ Time: _____
Analysis(Name(s) / iATL): _____ Date: _____ Time: _____
QA/QC Review (Name / iATL): _____ Date: _____ Time: _____
Archived / Released: _____ QA/QC InterLAB Use: _____ Date: _____ Time: _____

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Sample Log

Client: _____ Project: _____

Sampling Date: _____

CPLabs Sample Log			
Client Sample #	**CPLabs #**	**Location/Description**	**Notes**