

# Chain of Custody

–Airborne Asbestos –

## Contact Information

Client Company: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## Matrix/Method:

- PCM: NIOSH 7400
- PCM: OSHA ID-160
- TEM: NIOSH 7402
- TEM: AHERA 40 CFR 763
- TEM: ISO 10312
- TEM: ISO 13794
- Other \_\_\_\_\_

## Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Turnaround Time

Preliminary Results Requested Date: \_\_\_\_\_  Verbal  Email  Fax  
Specific date / time  
 10 Day  5 Day  3 Day  2 Day  1 Day\*  12 Hour\*\*  6 Hour\*\*  RUSH\*\*

\* End of next business day unless otherwise specified. \*\* 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: _____

