CPLabs
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: _____

Sample Log

Client: _____ Project: _____

Sampling Date: _____

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