

## ASBESTOS LABORATORY REQUEST FORM: CHAIN OF CUSTODY

<b>CLIENT INFORMATION</b>  Company Name: _____  Address: _____ _____  Postal Code: _____  Contact: _____  Phone: _____  Email: _____	<b>PROJECT INFORMATION</b>  Project Name: _____  Project Address: _____ _____  Project ID: _____  Purchase Order #: _____  <b>INVOICE TO:</b> Same as Left? Yes / No (if No, Please Specify)  Credit Card #: _____  Exp. Date: _____ CVV: _____
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Submitted by: _____  Signature: _____  Date & Time: _____  Method of Delivery: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">TURNAROUND TIME (TAT)</th> <th style="text-align: left;">Check</th> </tr> </thead> <tbody> <tr> <td>48 Hours</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>24 Hours</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4 Hours</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <small>Surcharges Apply for 4 and 24 Hours TAT</small>	TURNAROUND TIME (TAT)	Check	48 Hours	<input type="checkbox"/>	24 Hours	<input type="checkbox"/>	4 Hours	<input type="checkbox"/>
TURNAROUND TIME (TAT)	Check								
48 Hours	<input type="checkbox"/>								
24 Hours	<input type="checkbox"/>								
4 Hours	<input type="checkbox"/>								

Sample ID	Sample Matrix and Description	Sampling Date	Notes

FOR INTERNAL USE: TO BE COMPLETED BY LAB PERSONNEL ONLY		
<b>Lab Job #:</b> _____  Page _____ of _____	<b>Received by:</b> _____  Date & Time: _____	<b>Remarks:</b>   