

APPLIED LABORATORY SERVICES, LLC

Chain of Custody Asbestos Air Analyses

Customer Name: _____ Project Name: _____
 Address: _____ Project Location: _____
 City, State, Zip: _____ Removal Type: _____
 Email: _____ Instructions _____
 Phone #: _____ PO #: _____
 Collected by: _____ Project #: _____
 Date Submitted: _____ ALS LIMS#: _____

***Analytical Method Requested:** _____ PLM _____ TEM
Turn Around Time Requested: _____ Immediate (PLM ONLY) _____ 1 Day _____ Standard (3-5 Days)
 (Use One Chain of Custody Per Analysis Type) (Need Results by: _____)

*Sample Types: Area (A), Excursion (E), Personal (P), Clearance (C), Blank (B)

Sample No.	Sample Date	*Sample Type	Sample Location/Person-SSN	Pump Start Time	Pump Stop Time	Total Time	Average Flow Rate	Pump No.

PCM – Phase Contrast Microscopy, TEM – Transmission Electron Microscopy

Special Instructions: _____

Released By (Print)	Signature	Date	Received By (Print)	Signature	Date