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: _____PCM _____TEM**

Turn Around Time Requested: _____Immediate (PCM 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.
		Blank (B)						
		Blank (B)						
		Blank (B)						
		Blank (B)						
		Blank (B)						
		Blank (B)						
		Blank (B)						
		Blank (B)						
		Blank (B)						
		Blank (B)						

PCM – Phase Contrast Microscopy, TEM – Transmission Electron Microscopy

Special Instructions: _____

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

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