



CHAIN OF CUSTODY

ASBESTOS TESTING

Criterion Project #
(Laboratory use only)

Customer Information	Company Name:		Company Name: <input type="checkbox"/> Same as customer info	
	Contact Name:		Billing Contact:	
	Street Address:		Street Address:	
	City, State, ZIP:		City, State, ZIP:	
	Country:	Phone:	Country:	Phone:
	Email(s) for Report:		Email(s) for Invoice:	

Project Information

Site Street Address:	City, State, ZIP:
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Contract Information

Criterion Proposal # (if applicable):	P.O. Number associated with Project (if applicable):
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Referral Information

Referred by:

Turnaround Time (TAT)

<input type="checkbox"/> Same Day*	<input type="checkbox"/> 24-Hour	<input type="checkbox"/> 48-Hour	<input type="checkbox"/> 72-Hour	<input type="checkbox"/> 96-Hour	<input type="checkbox"/> 1-Week	<input type="checkbox"/> 2-Week
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*For same-day turnaround, samples must be received by 12 PM. Samples dropped off before 9 AM will incur the 6-hour rate. Samples dropped off between 9 AM and 12 PM will incur the 3-hour rate. Certain analyses may not be eligible for all turnaround times.

Sample Information

Selection	Matrix	Method	Instrument
<input type="checkbox"/>	Bulk/Building Material	EPA/600/R-93/116	Polarized Light Microscope (PLM)
<input type="checkbox"/>	Air (Cassette)	NIOSH 7400	Phase Contrast Microscope (PCM)
<input type="checkbox"/>	Vermiculite/Soil/Dust	ASTM D7521 (Modified Sieve Method)	Polarized Light Microscope (PLM)

Sample #	Sample Description (Bulk)	Sample Location	Volume/ Area (Air)	Flow Rate (Air)	Start/Stop Times (Air)	Sample	
						Date	Time
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					/		
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Printed Name of Sampler:	
Relinquished by:	Date/Time Relinquished:
Received by <i>(Laboratory Use Only)</i> :	Date/Time Received:
Comments:	

