



CHAIN OF CUSTODY

LEAD TESTING

Criterion Project #
(Laboratory use only)

Customer Information	Company Name:		Billing Information	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:
Contract Information	
Criterion Proposal # (if applicable):	P.O. Number associated with Project (if applicable):
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

*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"/>	Surface Wipe	SW 846-6010D	ICP-OES
<input type="checkbox"/>	Paint Chips	SW-846-7000B	Flame Atomic Absorption
<input type="checkbox"/>	Paint Chips		X-ray Fluorescence (XRF)
<input type="checkbox"/>	Soil	SW-846-7000B	Flame Atomic Absorption
<input type="checkbox"/>	Soil		X-ray Fluorescence (XRF)
<input type="checkbox"/>	Air (Cassette)	NIOSH 7082	Flame Atomic Absorption

Sample #	Sample Location	Volume/Area (Air/Surface Wipes)	Flow Rate (Air)	Start/Stop Times (Air)	Sample	
					Date	Time
				/		
				/		
				/		
				/		
				/		
				/		
				/		
				/		

Printed Name of Sampler:	
Relinquished by:	Date/Time Relinquished:
Received by (Laboratory Use Only):	Date/Time Received:
Comments:	

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[illegible]

Printed Name of Sampler:	
Relinquished by:	Date/Time Relinquished:
Received by (<i>Laboratory Use Only</i>):	Date/Time Received:
Comments:	