



Drop Off and Office Location: Phone: (215) 244-1300
 Criterion Laboratories, Inc. (CLI) Email: info@critterionlabs.com
 400 Street Road www.criterionlabs.com
 Bensalem, PA 19020 AIHA Lab ID: 100424

CHAIN OF CUSTODY Lead Analytical Request Document

All highlighted items (in yellow)
should be filled in.

Incomplete forms may cause a delay.
Please write clearly and legibly.

Criterion Project #
(Laboratory use only)

Customer Information				Billing Information				
Company Name:				Company Name: <input type="checkbox"/> Same as Customer info				
Contact Name:				Contact Name:				
Street Address:				Street Address:				
City, State, ZIP:				City, State, ZIP:				
Phone:				Phone:		PO#:		
Email(s) for Report:				Email(s) for Invoice:				
Project Information				Sample Type/Analysis Selection				
Project Name/Number:				<input type="checkbox"/> Surface Wipe		EPA SW-846 3050A via ICP-OES		
Project Location: (Site Address)				<input type="checkbox"/> Air (Cassette)		NIOSH 7082 via Flame Atomic Absorption (Flame AA)		
				<input type="checkbox"/> Paint/Soil		EPA SW-846 3050A via Flame Atomic Absorption (Flame AA)		
				<input type="checkbox"/> Paint/Soil		X-Ray Fluorescence (XRF)		
Turnaround Time (TAT) Note: Standard TAT is 1 Week						*For same day turnaround, samples must be received by 12 PM and must be confirmed by a Criterion employee. 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.		
<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								
Sample #	Sample Description (i.e. windowsill, floor, etc.)	Sample Location	Volume/ Area (Air/Wipes)	Flow Rate (Air)	Start/Stop Times (Air)	Collection		Sampler's Initials
						Date	Time	
Comments:						Subcontracted Work		
						<input type="checkbox"/> Subcontracted Work Sub Lab ID: _____ Sub Lab: _____ Address: _____ Subbed Samples: _____ Date/Time: _____ Delivery: _____		
Date Received by Lab (Lab Use Only):		Due Date:		Subcontracted Work		Sample Received By:		
Relinquished By:			Date/Time	Received By:		Date/Time		
Print: _____			Signature: _____	Print: _____		Signature: _____		
Print: _____			Signature: _____	Print: _____		Signature: _____		
Print: _____			Signature: _____	Print: _____		Signature: _____		
Print: _____			Signature: _____	Print: _____		Signature: _____		
						Sample Received By:		
						<input type="checkbox"/> CLI Field Project <input type="checkbox"/> Delivered by Client <input type="checkbox"/> Other (Specify): _____		

