Drop Off and Office Location
Criterion Laboratories, Inc. (CLI
400 Street Road
Bensalem, PA 19020

Phone: (215) 244-1300
Email: info@criterionlabs.co
www.criterionlabs.com
NVLAP Lab Code: 102046-0
AIHA Lab ID: 100424

CHAIN OF CUSTODY

Asbestos 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:	☐ Same as Customer info
Contact Name:			Contact Name:	
Street Address:			Street Address:	
City, State, ZIP:			City, State, ZIP:	
Phone:		Order Number:	Phone:	PO#:
Email(s) for Report:			Email(s) for Invoice:	

Project Information		**Sample Type/Analysis Selection**	
Project Name/Number:		☐ Bulk/Building Material	EPA/600/R-93/116 via Polarized Light Microscope (PLM)
Project Location (Site Address):		☐ Air (Cassette)	NIOSH 7400 via Phase Contrast Microscope (PCM)
		☐ Vermiculite/Soil/Dust	ASTM D7521 (Modified Sieve Method) via Polarized Light Microscope (PLM)

Turnaround Time (TAT) **Note: Standard TAT is 1 Week**

☐ **Same Day*** ☐ **24 Hour** ☐ **48 Hour** ☐ **72 Hour** ☐ **96 Hour** ☐ **1 Week** ☐ **2 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.**

Sample #	**Sample Description (e.g. white plaster, brown floor tile, etc.)**	**Sample Location (i.e. kitchen, basement, etc.)**	**Volume (Air Only)**	**Flow Rate (Air Only)**	**Start/Stop Times (Air Only)**		**Collection**		**Sampler's Initials**
							Date	**Time**	

Comments:

Relinquished By:		**Date/Time**	**Received By:**	**Date/Time**
Print:	***Signature:***			
Print:	***Signature:***			
Print:	***Signature:***			
Print:	***Signature:***			

Date Received by Lab *(Lab Use Only)*: **Due Date *(Lab Use Only)*:**

Subcontracted Work *(Lab Use Only)*

☐ Subcontracted Work Sub Lab ID: _____
Sub Lab: _____
Address: _____
Subbed Samples: _____
Date/Time: _____ Delivery: _____

Sample Received By *(Lab Use Only)*

☐ CLI Field Project ☐ Delivered by Client
☐ Other (Specify): _____

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