

# CHAIN OF CUSTODY FORM

Client:	Date:	TAT	RUSH/WKD	24HR	48HR	72HR	4 DAYS	> 5 DAYS
Contact:		Project Name/No:						
Address:		Results Due by (Date & Time):						
City/State/Zip:		TEM Project #:						
Phone:	Fax:	NVLAP ID 101130		AIHA-PAT ID 101151			AIHA-AAR ID 101151	
Email:								

Comments: \_\_\_\_\_

PO/Quote#: \_\_\_\_\_

Client ID No.	Description	Sample Volume	PLM		TEM							Comments	
			Bulk	Point Count	Bulk	Chatfield	Water	Micro-Vac	PCM-Air	Other			

RELINQUISHED BY (SIGNATURE):	DATE/TIME	RECEIVED BY (SIGNATURE):	DATE/TIME
RELINQUISHED BY (SIGNATURE):	DATE/TIME	RECEIVED BY (SIGNATURE):	DATE/TIME
LOGGED IN BY (SIGNATURE):	DATE/TIME	ANALYZED BY (SIGNATURE):	DATE/TIME