

Chain of Custody

Client: _____ Address: _____
 Contact: _____
 Phone: _____ Notes: _____

Project Name: _____ Sample Date: _____

- Bulk Asbestos (PLM)
 Spore Trap
 Direct Exam
 Other (indicate in Notes)
 Point Count if Positive
 Positive Stop

Sample #	Location/Description	TAT	Volume/Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Relinquished by: _____ Date: _____ Received by: _____ Date: _____

Relinquished by: _____ Date: _____ Received by: _____ Date: _____