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**CHAIN OF CUSTODY RECORD**

Client: _____	Turn Around: Immediate: <input type="checkbox"/> 4 Hrs: <input type="checkbox"/> 8 Hrs: <input type="checkbox"/> 24 Hrs: <input type="checkbox"/> 1 Day: <input type="checkbox"/> 2 Days: <input type="checkbox"/> 3 Days: <input type="checkbox"/> 5 Days: <input type="checkbox"/>
Street Address: _____	Date Due: _____ Time Due: _____ Note: Not all turn around times are available for all analysis.
City, State, Zip: _____	<b>OFFICE USE ONLY BELOW:</b>
Phone: _____	
Fax: _____	
e-mail/Alt. Fax: _____	
Project Number: _____	
Project Name: _____	
Project Location: _____	
Project Manager: _____	Relinquished by: _____ Date/Time: _____
P.O. Number: _____	Batch No.: _____ Received by: _____ Date/Time: _____
	Samples Acceptable: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Relinquished by: _____ Date/Time: _____
	Checked by (Initial/Date): _____ Received by: _____ Date/Time: _____
	Comments: _____ Relinquished by: _____ Date/Time: _____
	Received by: _____ Date/Time: _____

Client Sample Number/Description:	Date Taken	Time		Rate (lpm)	Volume (Liters)	Area Wiped (ft <sup>2</sup> )	Laboratory Sample No.	PCM Asbestos	PLM Asbestos (Bulk)	PLM Point Count	PLM Gravimetric	TEM Air Asbestos	TEM Bulk Asbestos	TEM Gravimetric Asb.	TEM Microvac Asb.	TEM Water	Other:									
		On	Off																							

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