

Comments:

sterling

2242 W. Harrison, Suite 200, Chicago, Illinois 60612 Phone: (312) 733-0551 Fax: (312) 733-2386 e-mail address: info@thesterlinglab.com

CHAIN OF CUSTODY RECORD

CHAIN OF CUSTODY RECORD													Page : of										
Client:				Office Use Only Below:				Turn Around Time: <1						1		2		3		Vi	able: '	6-10	
Street Address:			Wor	Work Order No.:				Other TAT:						ate I	te Due:				Time Due:				
City, State, Zip:					-		Reli	inqui	ished	l by:								Date/	Time:				
Phone:					ptable: Yes:	No:	_		d by:									Date/	Time:	:			
Fax:				ked by (Initia	al and date):				ished									Date/	Time:				
e-mail/Alt. Fax:			Comments:				Received for lab by:								Date/Time:								
Project Number:							Relinquished by:								Date/Time:								
Project Name:							Rec	eive	d by:	:	1		Date/Time:								-		
Project Location:									စ	p.	y												
Project Manager:			-						-Тар	-Swa	-Bull												
P.O. Number:	<u> </u>		<u> </u>				able:	sette	3xam	3xam	Exam			act									
Client Sample Number/Description:	Date Taken	Time T	aken	Volume (Liters)	Area Wiped (Units) ²	Laboratory Sample No.	Non-Viable:	Air Cassette	Direct Exam-Tape	Direct Exam-Swab	Direct Exam-Bulk		Viable:	Air Impact	Swab	Bulk		Other:					