

LAB USE ONLY
 PROJECT NUMBER: _____

CUSTOMER NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE: _____
 EMAIL: _____
 (Note* All results / Invoice will be emailed to this address unless otherwise noted)
 FAX: _____

*Note - Automatically billed to Customer Name if this section is not filled out.

BILLING INFORMATION: _____

 PROJECT ID: _____ P.O.#: _____
 PROJECT LOCATION: _____
 ATTN: _____

Asbestos		Other	Turn-Around Time	Comments / Special Instructions
PCM <input type="checkbox"/> NIOSH 7400	TEM Air <input type="checkbox"/> AHERA <input type="checkbox"/> 7402	Bulk <input type="checkbox"/> Chatfield <input type="checkbox"/> Qualitative <input type="checkbox"/> Microvac	<input type="checkbox"/> Same Day (Please Call Ahead) <input type="checkbox"/> 1 Day - 24 Hours <input type="checkbox"/> 3 Day - Standard	
PLM <input type="checkbox"/> EPA 600 <input type="checkbox"/> 400 Point Count <input type="checkbox"/> Gravimetric			See Terms On Backside	
Date Sampled	Customer Sample #	Sample Description / Location		Volume/Area

Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____
 Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____

Authorized By: _____ Date: _____ Time: _____ Request Reviewed & Accepted By: _____ Date: _____

(By submitting and or signing this Chain-Of-Custody, you agree to be bound by the terms and conditions set forth at <http://www.uas1.com>. A hard copy can be proved upon request.)



We are proud to announce over 25 years in business

