APPLIED LABORATORY SERVICES, LLC

Chain of Custody
Air Sample Analysis

Customer Name: _____ Project Name: _____
Address: _____ Project Location: _____
_____ Removal Type: _____
Customer PO#: _____ Date Submitted: _____
Project #: _____ ALS LIMS #: _____

Analytical Method requested: (circle one) **PCM** **TEM** **LEAD** **OTHER**
Turn-around-time requested: (circle one) **Immediate** **24 Hour** **Standard (3-5 days)**

Sample No.	Sample Date	*Sample Type	**Sample Location/Person-SSN	Pump Start Time	Pump Stop Time	Total Time	Average Flow Rate	Pump No.

*Sample Types = Area (A); Excursion (E); Personal (P); Clearance (C); Blank (B)
**Personal and Excursion samples must list the name and social security number of the individual sampled

Special Instructions:_____

Released by	Company	Date/Time	Received by	Company	Date/Time

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Commonwealth of Virginia Analytical Laboratory License 3333000153 (REV. 2011-10-12)