**APPLIED LABORATORY SERVICES, LLC**

# Chain of Custody
# Asbestos Identification

Customer Name: _____
Address: _____
_____
Customer PO#: _____
Project #: _____

Project Name: _____
Project Location: _____
Removal Type: _____
Collected by: _____
Date Submitted: _____
ALS LIMS #: _____

***Analytical Method requested: (circle one) PLM (TEM) ASTM 5755**
**Turn-around-time requested: (circle one) Immediate 24 Hour Standard (3-5 days)**

| Sample Number | Sample Date | Sample Location | Sample Description |
|---|---|---|---|
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*PLM - Polarized Light Microscopy; TEM - Transmission Electron Microscopy; ASTM 5755 - Dust by TEM

Special Instructions: _____

| Released by | Company | Date/Time | Received by | Company | Date/Time |
|---|---|---|---|---|---|
| | | | | | |
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