

**APPLIED  
LABORATORY  
SERVICES, LLC**

**Chain of Custody  
Asbestos Air Analyses**

Customer Name: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Project Location: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Removal Type: \_\_\_\_\_  
 Email: \_\_\_\_\_ Instructions: \_\_\_\_\_  
 Phone: \_\_\_\_\_ PO#: \_\_\_\_\_  
 Collected by: \_\_\_\_\_ Project #: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_ ALS LIMS#: \_\_\_\_\_

Analytical Method Requested: _____ PCM	_____ TEM
Turnaround Time Requested: _____ Immediate (PCM ONLY)	_____ 1 Day _____ Standard (3-5 Days)
(Use One Chain of Custody Per Analysis Type)	(Need Results by: _____)

\*Sample Types = Area (A), Excursion (E), Personal (P), Clearance (C), Blank (B)

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

PCM – Phase Contrast Microscopy, TEM – Transmission Electron Microscopy

Special Instructions: \_\_\_\_\_

Released By (Print)	Signature	Date	Received By (Print)	Signature	Date