



# Air Sample - Chain of Custody

TSC No. \_\_\_\_\_

Client: \_\_\_\_\_ Project Name: \_\_\_\_\_

Address: \_\_\_\_\_ Job Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Fax: \_\_\_\_\_

# of Samples \_\_\_\_\_

Billing Information	
PO#:	_____
Authorization:	_____
Credit Card (type):	
Card#:	_____
Exp. Date:	_____

Lab Sample No.	Sample No.	Location	Sample Taken (Date/Time)	Volume (Litres)	# of Fibres per 100 fields	Blank Fibres	Analysis Type		Turnaround Time				
							PCM	TEM	Rush	24h	3 d	4+d	

**Relinquished by:**

Name \_\_\_\_\_

Date & Time \_\_\_\_\_

Method of Shipment \_\_\_\_\_

**Received by:**

Name \_\_\_\_\_

Date & Time \_\_\_\_\_

**Analyzed by:**

Name \_\_\_\_\_

Date & Time \_\_\_\_\_