

Chain of Custody

Client:	TURNAROUND <input type="checkbox"/> RUSH 6 HR * <input type="checkbox"/> SAME DAY * <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day <input type="checkbox"/> Other _____ <input type="checkbox"/> Night/Weekend * Must be scheduled in advance or confirmed upon receipt.	TEST - Select ONE only <input type="checkbox"/> Asbestos PCM <input type="checkbox"/> Asbestos PLM <input type="checkbox"/> Lead Air <input type="checkbox"/> Lead Paint <input type="checkbox"/> Lead Wipe <input type="checkbox"/> Lead Soil <input type="checkbox"/> TCLP Lead <input type="checkbox"/> TCLP RCRA 8 <input type="checkbox"/> Paint Pb, Cd, Cr <input type="checkbox"/> OTHER	Report #:	
Address:			METROPOLITAN LABORATORIES, INC 330 County Street, Suite 200 Portsmouth, VA 23704 757-853-4000 x102 757-853-5744 FAX www.metrolab.org	
City, State, Zip:			Requirements	
Contact:			Sample Dimensions For Air Samples, List Respirator Type, Activity, and Weather For Other: List Test	
Phone: Fax:				
Mobile:				
Project Name:				
Project Location:				
Project #:				
P.O. #:				

LAB ID <small>LAB USE ONLY</small>	FIELD ID	Sample Location <small>(i.e. Name, SSN, Bldg)</small>	Date Sampled	Time	Air Sample Info					Total Air Vol <small>(Liters)</small>	Sample Dimensions		For Air Samples, List Respirator Type, Activity, and Weather For Other: List Test
					Time (min)		Flow Rate (Lpm)				X		
					Start	Stop	Start	Stop			X		
											X		
											X		
											X		
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Remarks:

SAMPLED BY: (PRINT NAME)	SAMPLED BY: (SIGNATURE)	DATE:	TIME:
RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:
RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:
RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:

Chain of Custody documentation continued internally within laboratory.