

Combustion By-Product Chain-of-Custody and Analysis Request Form



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Date of Sampling: _____

Job #: _____

Date of Sample Receipt: _____

Order #: _____

Client: _____

Location: _____

Field Hygenist: _____

Sample ID Lab ID	Sample Type (Check One)		Sample Location Description	Turnaround Time							Test Requested	Comments/ Instructions
	Tape	Wipe		4hr	8hr	24hr	48hr	72hr	5 Day			
											ASTM D6602 - PLM/RLM <input type="checkbox"/>	
											ASTM D6602 - TEM <input type="checkbox"/>	
											ASTM D6602 - PLM/RLM <input type="checkbox"/>	
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											ASTM D6602 - PLM/RLM <input type="checkbox"/>	
											ASTM D6602 - TEM <input type="checkbox"/>	

Sampled By:	Transported By:	Received By:	Prepped By:	Analyzed By:
Name:				
Signature:				
Date:				