

Chain of Custody Record

LabCor Portland, Inc.
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Company Name: _____

Company Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____

Contact Email: _____

Invoicing Email: _____

Other info (Verbals, etc): _____

Analytical Protocol:
 ___ NIOSH 7400 (PCM)
 ___ AHERA
 ___ EPA Mod II
 ___ NIOSH 7402 (TEM)
 ___ ASTM D5755-03
 ___ ASTM D6840-99
 ___ TEM Bulk
 ___ EPA/600/R-04/004
 (Cincinnati Method)
 ___ ISO 13794
 Other _____

Requested Turnaround Time:
 ___ 5 days
 ___ 3 days
 ___ 2 days
 ___ 24 hours*
 ___ RUSH – 6 business hours*
** Please call ahead for TATs of 24hrs or less, all TATs not available for all analyses*

Site Address or Project Name: _____ **Project No.:** _____ **P.O. No.:** _____

Bulk Samples need only Sample Number, Description and Date (if avail).			Time	Flow Rate	Volume	AHERA ONLY		
Sample No.	Sample Description	Date	Total (minutes)	Average (LPM)	Total (liters)	IWA	OWA	Blank

By signing below you are agreeing to comply with Lab/Cor's Terms and Conditions

Relinquished by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ Time: _____

Relinquished by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ Time: _____

Internal Lab Use Only:

Prelim Released: _____ Final Results Released: _____ Invoice e-mailed: _____

By : E-mail Verbal By : Phone E-mail Reviewed By: _____