emcscientific
INCORPORATED

CHAIN OF CUSTODY AND ASBESTOS ANALYSIS REQUEST FORM

EMC Lab Report Number: _____

Contact Name: _____ Phone No: _____ Job/Project Name: _____

Company: _____ Fax No: _____ Job/Project No: _____

Address: _____ Email: _____ Special Instructions: _____

City, Province: _____ Postal Code: _____ Please select (✔): ( ) Fax Results ( ) Email Results ( ) Mail

Sample ID	Description/Location	Date Sampled	Sample Type	Air Volume (L)	Turnaround Time (✔)					Analysis *	SP **	For Lab Use
					2 hr	4 hr	24hr	48hr	STD			

Sample Collected by: _____ Total Number of Samples Submitted: _____

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

Relinquished by: _____ Date/Time: _____ Received at lab by: _____ Date/Time: _____

Authorized by Client (Signature): _____ Print Name: _____ Date: _____

Sample Shipped by: _____ Date/Time: _____ Shipped via: ( ) Courier by:_____ ( ) Drop off, ( ) Other: _____

Sample Condition upon Receipt at Lab (✔): ( ) Acceptable, ( ) Unacceptable (Explain): _____

* PLM or PCM. In accordance with the EPA method (EPA-600/R-93/116), bulk sample analysis will be done by layer. Please indicate if only a specific layer(s) should be analyzed.
** SP – Stop Positive, please indicate if required.

Rev. Feb 2021