Referred By: _____
Login Number: _____
○ N ○ E

Name _____
Company _____
Address _____
_____
_____
Phone: _____
Fax: _____
E-Mail: _____

Mailing Address:
2201 Francisco Dr. Ste. 140-261
El Dorado Hills, CA 95762

Drop Off Location:
4944 Windplay Dr. Ste. 117
El Dorado Hills, CA 95762

Office Only: ○ PAID Chk#_____ Credit:_____
○ BILL
○ VERBAL Date _____ Time _____ Initials _____

Collected By _____
Job Site _____
_____
_____
Job Number _____
# of Samples _____
Contact _____

TYPE OF WORK	PCM/TEM	PLM	LEAD	MOLD
● Laboratory Work	○ PCM ○ TEM	○ Rush	○ Air ○ Bulk	○ Tape Lift
	○ Clearances	○ 6 hr.	○ 6 hr.	○ Bulk
	○ 6 hr.		○ Clearance Wipes	○ Air
				○ Rush
				○ 3 Days

Fibers/ CC	Sample Date	Sample Number	Time		Total Minutes	Liters Per Minute			Total Volume	Area/ Personal	Location/Description
			On	Off		On	Off	Aver			

Special Instructions _____

Chain of Custody

Relinquished By:	Date/Time	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time