LAB USE ONLY
PROJECT NUMBER:

3020 Woodcreek Drive, Suite F Downers Grove, IL 60515

CUSTOMER NAME _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL : _____
(Note* All results / Invoice will be emailed to this address unless otherwise noted)

FAX: _____

*Note - Automatically billed to Customer Name if this section is not filled out.

BILLING INFORMATION: _____

PROJECT ID: _____ P.O.#: _____

PROJECT LOCATION: _____

Asbestos			Other	Turn-Around Time	Comments / Special Instructions
PCM ☐ NIOSH 7400 PLM ☐ EPA 600 ☐ 400 Point Count ☐ Gravimetric	TEM Air ☐ AHERA ☐ 7402	Bulk ☐ Chatfield ☐ Qualitative ☐ Microvac		☐ Same Day (Please Call Ahead) ☐ 1 Day - 24 Hours ☐ 3 Day - Standard See Terms On Backside	

Date Sampled	Customer Sample #	Sample Description / Location	Volume/Area	

Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____

Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____

Authorized By: _____ Date: _____ Time: _____ Request Reviewed & Accepted By: _____ Date: _____

(By submitting and or signing this Chain-Of-Custody, you agree to be bound by the terms and conditions set forth at http:/www.uas1.com. A hard copy can be proved upon request.)

NVLAP Lab Code 101732-0

AIHA Organization ID: 101212