**Chain of Custody Form**

**Asbestos Bulk Sampling Information**

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| --- | --- | --- | --- | --- | --- |
| **Client/Company Name:** | | | **Sample Date:** | | |
| **Client/Company Address:** | | | **Email Address:** | | |
| **Samples submitted by:** | | | **PO Number/Ref:** | | |
| **Contact Person:** | | | **Contact Number:** | | |
| **Works/site Location**: | | | | | |
| **Works Description:** | | | | | |
| **Please write a comment here if any specific request to samples/testing:** | | | | | |
| **☐ Standard TAT** | | | | **☐ Urgent TAT** | |
| **Verbal Required Yes ☐ No ☐** | | | | **Text ☐ Phone Call ☐** | |
| **Lab**  **Sample No.** | **Client**  **Sample No.** | **Sample Location** | | | **Sample Type** |
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| **Received Date** | **Received Time** | **Total Number of Samples** |
|  |  |  |

**Office Use only**

|  |  |  |
| --- | --- | --- |
| **Received By** | **Booked in or Registered By** | **Booking Checked By** |
|  |  |  |