**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**

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