



10/11 Walker St  
 Braeside, VIC 3195  
 Phone: 03 8518 5720  
 www.aemlpty.com.au

## CHAIN OF CUSTODY/ANALYSIS REQUEST

Project # / Job #:
--------------------

Company:			Sampled By:			Payment: On Account   Credit Card   Bank Transfer   Check			
Contact Name:			Project/Site Name:			Credit Card Type: Visa   Master Card   Amex   Discover			
Address:			Project #:			Credit Card #:			
City:	State:	Zip:	P.O. #:			Name on Card (Print):			
Phone #:		Fax #:		Report (circle):   E-Mail   Fax   Both			Signature:		

E-mail:		Sample Type: A = Air   W = Water T = Tape S = Swab B = Bulk		Turn Around Time (Rush charges may apply) Standard _____ Other _____		Analysis Requested (Enter "X" Below to indicate request)								Exp. Date: ____/____/____						
Sample #:	Sample Identification	Date	Sample Type	Volume (Air)	Area (Swabs)	A001	S001	T001	A002	S002	T002	For Lab Use Only								
												Sample Numbers								
__1																				
__2																				
__3																				
__4																				
__5																				
__6																				
__7																				
__8																				
__9																				
__0																				

Special Instructions/Requirements:

Date	Time	Relinquished By	Company	Received By	Company	Good Condition
						Yes   No
						Yes   No
						Yes   No