

ENVIRONMENTAL TESTING LABORATORIES, INC



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Asbestos / Mold Chain of Custody

Client:		Contact:	Project Location/Name:
		Phone:	
Address:		Fax:	
		E-mail:	
Please Provide Results: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Verbal <input type="checkbox"/> Other _____			Date Sampled:

Turnaround Time (TAT): RUSH (2 hrs) Same Day 24 hrs 48 hrs 72 hrs Standard (5 days)
(If not checked, standard turnaround will be assumed) TAT Based on Business Hours Monday-Friday

Sample Type (Check Only One)

Asbestos: Bulk (PLM) <input type="checkbox"/> Bulk (TEM) <input type="checkbox"/> Dust <input type="checkbox"/> Air (PCM) <input type="checkbox"/> Air (TEM) <input type="checkbox"/>	Mold: Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Air-O-Cell <input type="checkbox"/> Air (Other) <input type="checkbox"/>	Nuisance Dust <input type="checkbox"/>
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Asbestos Analysis Information (Check all that Apply)

Stop at 1st Positive: Yes <input type="checkbox"/> / No <input type="checkbox"/> <small>(Clearly mark each homogeneous area)</small>	Point Counting: Yes <input type="checkbox"/> / No <input type="checkbox"/> *400 Points <input type="checkbox"/> *1000 Points <input type="checkbox"/>
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*Gravimetric Reduction <input type="checkbox"/> *Soil or Vermiculite Analysis <input type="checkbox"/>	Point Counting Criteria:
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** Additional charge and turnaround may be required*

Lab ID	Sample ID	Sample Location	Material or Sample Description	Air Samples Only		
				Start	Stop	Volume

	Date	Time
Relinquished (Name/Organization):		AM / PM
Received (Name/ETL):		AM / PM
Stereoscopical/Sample Analysis (Name)		

Special Instructions:	Remarks: