



CHAIN OF CUSTODY FORM

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Phone:(562) 860-2201
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Lab Batch Number:			Number Of Samples:		
Client Name:			Project Number:		
Client Address:			Project Location:		
Project Manager:			Turnaround Time:	☐ 1 hour ☐ 2 hours ☐ 4 hours ☐ 8 hours	☐ 24 hours ☐ 2 days ☐ 3 days ☐ 5 days
Main Phone:		Ext:		☐ Rush	
Cell Phone:					
Email:			Delivery:		Ref#:
Fax:			Reporting Method:	☒ Email ☐ Call Main Phone ☐ Fax	
Special Instructions:					
Analysis Type:	Flame AA Lead Analysis: ☐ Lead Air (NIOSH 7082) ☐ Lead Paint (EPA 7420) ☐ Lead Wipes (3050/7420) ☐ Lead Soil (7420) Microbial (Mold) Analysis: ☐ Mold Bulk ☐ Mold Spore Trap				

Seq#	Client Sample ID	A/R	Description / Location / Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

	Print Name	Signature	Company	Date	Time
Sampled by:					
Relinquished by:					

(-----For Lab Use Only-----)

	Print Name	Signature	Company	Date	Time
Received by:			AIH Laboratory		
Analyzed by:			AIH Laboratory		
Reported by:			AIH Laboratory		