



Asbestos Bulk Samples Chain of Custody Form

EPA/600/R-93/116

CONTACT INFORMATION	PROJECT INFORMATION
Client Name:	Project Name:
Client Address:	Project Number:
City, Province, Postal Code:	Project Address:
Phone:	
Email:	
CC Email(s):	

SAMPLE INFORMATION	
Number of Samples:	Date Results Required:
Priority: <input type="checkbox"/> Five Day Turnaround <input type="checkbox"/> Next Day Turnaround <input type="checkbox"/> Same Day Turnaround	
Submitted By:	

BILLING INFORMATION (if different from contact information above)	
Billing Name:	Billing Email:
Billing Address:	

Authorized By: _____ Date: _____

TO BE COMPLETED BY APEX ONLY	APEX Project Number:
Received by:	Date/Time:
Analyzed by:	Date/Time:

