



# Industrial Hygiene - Chain of Custody

EMSL Order Number / Lab Use Only

PHONE:  
EMAIL:

If Bill-To is the same as Report-To leave this section blank. Third-party billing requires written authorization.

<b>Customer Information</b>	Customer ID:				<b>Billing Information</b>						Billing ID:							
	Company Name:										Company Name:							
	Contact Name:										Billing Contact:							
	Street Address:										Street Address:							
	City, State, Zip:			Country:							City, State, Zip:			Country:				
	Phone:										Phone:							
	Email(s) for Report:										Email(s) for Invoice:							
Project Name/No:										Purchase Order:								
EMSL LIMS Project ID: <small>(If applicable, EMSL will provide)</small>					US State where samples collected:			State of Connecticut (CT) must select project location: Commercial (Taxable)      Residential (Non-Taxable)										
Media Type:			Media Manufacturer/ Part Number:			Media Lot Number:												
Sampled By Name:				Sampled By Signature:						No. Samples in Shipment:								
<b>Turnaround Time (TAT) Options - Please check:</b> (If no selection made, Standard 2 Week (EOD) TAT will apply) <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> 2 Week</td> <td><input type="checkbox"/> 1 Week</td> <td><input type="checkbox"/> 4 Day</td> <td><input type="checkbox"/> 3 Day</td> <td><input type="checkbox"/> 2 Day</td> <td><input type="checkbox"/> 1 Day</td> <td><input type="checkbox"/> Other (Call Lab)</td> </tr> </table>												<input type="checkbox"/> 2 Week	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 4 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> 1 Day	<input type="checkbox"/> Other (Call Lab)
<input type="checkbox"/> 2 Week	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 4 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> 1 Day	<input type="checkbox"/> Other (Call Lab)												
Client Sample ID	Location/Description	Analyte/Method	Media	Flow (lpm)	Sample Time		Volume/Area	Sample Type	Sample Date	Comments								
					On	Off												
								Area Personal										
								Area Personal										
								Area Personal										
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								Area Personal										
Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)																		
Method of Shipment:						Sample Condition Upon Receipt:												
Relinquished by:			Date/Time:			Received by:			Date/Time									
Relinquished by:			Date/Time:			Received by:			Date/Time									

Controlled Document - COC-21 Industrial Hygiene R5 05/12/2021

**AGREE TO ELECTRONIC SIGNATURE** (By checking, I consent to signing this Chain of Custody document by electronic signature.)

**EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.**



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Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

Client Sample ID	Location/Description	Analyte/Method	Media	Flow (lpm)	Sample Time		Volume/Area	Sample Type	Sample Date	Comments
					On	Off				
								Area Personal		
								Area Personal		
								Area Personal		
								Area Personal		
								Area Personal		
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Method of Shipment:				Sample Condition Upon Receipt:			
Relinquished by:		Date/Time:		Received by:		Date/Time	
Relinquished by:		Date/Time:		Received by:		Date/Time	

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