Apex Precision Analytical Services, Inc.

An Independent Laboratory Providing Reliable Analysis with Professionalism and Honesty

APASI Lab

Chain of Custody

APASI#:
for office use only

Date Collected:	**Date Sent:**
Contact:	**Special Instructions:**
Company:	
Address:	**P.O. #:**
	E-Mail:
Phone:	**Add'l Email:**

Turn Around Time:
(Circle One)

Critical   Urgent/ASAP   24 Hours   48Hours   72 Hours   5 Days

Client Job Number/Name:

Mycology(Mold) Spore Trap-Air Samples
___ **Fungal/Mold spore count** by Air-O-Cell, Cyclex (d),
    BioCell, or other spore trap cassette/device

Mycology(Mold) Bulk ID Samples
___ **Fungal/Mold Identification** – bulk sample, tape lift, swab

Industrial Hygiene and Miscellaneous Analysis
____ **(RCF) Refractory Ceramic Fiber (Bulk) Identification**
    (Visual Estimation) by Polarized Light Microscopy
____ **Total Nuisance Dust (Air)** by NIOSH Method 0500
____ **Total Respirable Dust (Air)** by NIOSH Method 0600

Polarized Light Microscopy(PLM)-Bulk Samples
___ **Asbestos Identification** (Visual Estimation)
    by EPA 600/R-93/116 Method
___ **Asbestos Identification** (Point Count)
    by EPA 600/M4-82-020 Method
___ **Asbestos Identification -** by Gravimetric Reduction

Phase Contrast Microscopy(PCM)-Air Samples
____ **Fiber Concentration** by NIOSH Method 7400 Issue 2

Please Include # of Samples

	Sample #:	Location/Description:	Volume
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Relinquished by: **Received by:**

Date: **Time:**   **Date:**   **Time:**

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306 W. Edgewood Dr., Suite C, Friendswood, TX 77546   www.apasi.net   Office (281) 648-9918 | Fax (281) 648-9595

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Client Job Number/Name:			**APASI #:** *For office use only*	
	Sample #:	**Location/Description:**		**Volume**
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
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45				

Relinquished by _____   Received by _____

Date and Time _____   Date and Time _____

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Client Job Number/Name:			APASI #: *For office use only*	
	Sample #:	**Location/Description:**		**Volume**
46				
47				
48				
49				
50				
51				
52				
53				
54				
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58				
59				
60				
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Relinquished by _____

Date and Time _____

Received by _____

Date and Time _____

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	Client Job Number/Name:		**APASI #:** *For office use only*	
	Sample #:	**Location/Description:**		**Volume**
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
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111				

Relinquished by _____   Received by _____

Date and Time _____   Date and Time _____

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