

Chain of Custody

APASI#: _____
for office use only

Date Collected:	Date Sent:
Contact:	Special Instructions:
Company:	
Address:	P.O. #:
	E-Mail:
Phone:	Fax:

Turn Around Time: Urgent/ASAP 24 Hours 48Hours 72 Hours 5 Days
(Circle One)

Client Job Number/Name: _____

<u>Mycology(Mold) Spore Trap-Air Samples</u> <input type="checkbox"/> Fungal/Mold spore count by Air-O-Cell, Cyclex (d), BioCell, or other spore trap cassette/device	<u>Mycology(Mold) Bulk ID Samples</u> <input type="checkbox"/> Fungal/Mold Identification – bulk sample, tape lift, swab
<u>Phase Contrast Microscopy(PCM)-Air Samples</u> <input type="checkbox"/> Fiber Concentration by NIOSH Method 7400 Issue 2	<u>Polarized Light Microscopy(PLM)-Bulk Samples</u> <input type="checkbox"/> Asbestos Identification (Visual Estimation) by EPA 600/R-93/116 Method <input type="checkbox"/> Asbestos Identification (Point Count) by EPA 600/M4-82-020 Method <input type="checkbox"/> Asbestos Identification (Soil/Prep) by Gravimetric Reduction
<u>Industrial Hygiene-Air & Bulk Samples</u> <input type="checkbox"/> (RCF) Refractory Ceramic Fiber (Bulk) Identification (Visual Estimation) by Polarized Light Microscopy <input type="checkbox"/> Total Nuisance Dust (Air) by NIOSH Method 0500 <input type="checkbox"/> Total Respirable Dust (Air) by NIOSH Method 0600	

Sample #:	Location/Description:	Volume

Relinquished by: _____ Received by: _____
 Date: _____ Time: _____ Date: _____ Time: _____

