Client Id: _____
Login Number: _____
○ N ○ E

Name _____
Company _____
Address _____
_____
_____
Phone _____
Fax _____

Page _____ of _____

National Analytical Laboratories, Inc.
11622 Fair Oaks Blvd, Ste. 111
Fair Oaks, CA 95628
(916) 965-0555 Fax (916) 965-0549

○ AD ○ DT ○ ML
○ SP ○ TH

Office Only: ○ PAID Chk#_____ Cash $_____
● BILL Turnaround: ○ Rush ○ Normal
○ VERBAL Date _____ Time _____ Initials _____

Collected By _____
Job Site _____
_____
_____
Job Number _____
# of Samples _____
Contact _____

TYPE OF WORK
○ Laboratory Work
○ Consulting

PCM/TEM
○ PCM ○ TEM
○ 24 Hrs
○ Rush _____
○ Clearances
○ Other _____

PLM
○ 24 Hrs
○ 48 Hrs
○ Rush _____
○ Other _____

LEAD
○ Air ○ Bulk
○ 24 Hrs
○ Rush _____
○ Clearance Wipes
○ Other _____

MOLD
○ Tape Lift
○ Swab
○ Air ○ Bulk
○ 3 days
○ Rush _____

OTHER
○ Water ○ 24 Hrs
○ 2-5 days
○ Other ○ 3-10 days
_____

Fibers/ CC	Sample Date	Sample Number	Time On	Time Off	Total Minutes	Liters Per Minute On	Liters Per Minute Off	Liters Per Minute Aver	Total Volume	Area/ Personal	Location/Description

Special Instructions ****** Each sample number listed above MUST be tested as a COMPOSITE sample!***

Chain of Custody

Relinquished By:	Date/Time	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time