AEREM LABORATORY

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Chain of Custody Form

Asbestos Air Monitoring Sampling Information

Client/Company Name:	**Sample Date:**
Client/Company Address:	**Email Address:**
Samples submitted by:	**PO Number/Ref:**
Contact Person:	**Contact Number:**
Works/site Location:	
Works Description:	
Please write a comment here if any specific request to samples/testing:	

☐ **Standard TAT**	☐ **Urgent TAT**
Verbal Required Yes ☐ No ☐	**Text ☐ Phone Call ☐**

Lab Sample No.	Client Sample No.	Cowl No.	Sample Type	Sample Location	Flow Rate	Start Time	Finish Time

Office Use only

Received Date & time	Total number of samples received	Received By