eurofins | Calscience

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For courier service / sample drop off information, contact us26_sales@eurofinsus.com or call us.

AIR CHAIN OF CUSTODY RECORD

WO # / LAB USE ONLY

DATE: _____

PAGE: _____ **OF** _____

LABORATORY CLIENT:	CLIENT PROJECT NAME / NUMBER:	P.O. NO.:

ADDRESS:

PROJECT ADDRESS:

LAB CONTACT OR QUOTE NO.:

CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:	SAMPLER(S): (PRINT)

TEL:	E-MAIL:	PROJECT CONTACT:

TURNAROUND TIME (Rush surcharges may apply to any TAT not "STANDARD"):

☐ SAME DAY ☐ 24 HR ☐ 48 HR ☐ 72 HR ☐ 5 DAYS ☐ STANDARD   ☐ EDD ☐ UNITS _____

REQUESTED ANALYSES

SPECIAL INSTRUCTIONS:

LAB USE ONLY	SAMPLE ID	FIELD ID / POINT OF COLLECTION	Air Type (I) Indoor (SV) Soil Vap. (A) Ambient	Sampling Equipment			Start Sampling Information			Stop Sampling Information							
				Media ID #	Canister Size 6L or 1L	Flow Controller ID #	Date	Time (24 hr clock)	Canister Pressure ("Hg)	Date	Time (24 hr clock)	Canister Pressure ("Hg)				

Relinquished by: (Signature)	Received by: (Signature/Affiliation)	Date:	Time:
Relinquished by: (Signature)	Received by: (Signature/Affiliation)	Date:	Time:
Relinquished by: (Signature)	Received by: (Signature/Affiliation)	Date:	Time: