



Inland Asbestos Lab, Inc.  
 1040 Nevada St., Suite 300, Redlands, CA 92374  
 (909) 219-4285  
[info@inlandlab.com](mailto:info@inlandlab.com)

LAB ID: \_\_\_\_\_

## Chain of Custody

<b>Company:</b>		<b>Bill To:</b> <input type="checkbox"/> Same <input type="checkbox"/> Different	
<b>Street:</b>		If the Bill To party differs from the submitting client, billing instructions must be noted in the comments section below. Third-party billing requires prior written authorization from the third party before samples are processed.	
<b>City:</b>			
<b>State:</b>	<b>Zip/Postal Code:</b>		
<b>Report to (Name):</b>		<b>Sampler (Name):</b>	
<b>Telephone:</b>		<b>Fax:</b>	
<b>Email Address:</b>			
<b>Project Name/Number:</b>			
<b>Please Provide Results:</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email		<b>Purchase Order:</b>	<b>US State Samples Taken:</b>
<b>Turnaround Time (TAT) Options* - Please Check Box</b>			
<input type="checkbox"/> 3 Hour	<input type="checkbox"/> 6 Hour	<input type="checkbox"/> 24 Hour	<input type="checkbox"/> 48 Hour
<input type="checkbox"/> 3 Day	<input type="checkbox"/> 4 Day	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 2 Week
*For RUSH TATs, please call ahead to confirm lab hours and availability RUSH TA samples received after 3:00 PM will be processed the following business day, subject to laboratory availability			
<b>Asbestos Laboratory Services</b>			
<b>PLM - Bulk (reporting limit)</b>			
<input type="checkbox"/> PLM EPA 600/R-93/116 (<1%)	<input type="checkbox"/> Check for Positive Stop (Clearly Identify Homogenous Group)	<input type="checkbox"/> 1000 Point Count (<0.1%)	<input type="checkbox"/> 400 Point Count (<0.25%)
		<input type="checkbox"/> Other	
<b>PCM - Air</b>			
<input type="checkbox"/> NIOSH 7400			
<b>Comments/Special Instructions:</b>			
<b>Client Sample #'s:</b>		<b>Total # Client Samples:</b>	
<b>Relinquished (Client):</b>		<b>Date:</b>	<b>Time:</b>
<b>Received (Lab):</b>		<b>Date:</b>	<b>Time:</b>



Inland Asbestos Lab, Inc.  
 1040 Nevada St., Suite 300, Redlands, CA 92374  
 (909) 219-4285  
[info@inlandlab.com](mailto:info@inlandlab.com)

LAB ID: \_\_\_\_\_

### Chain of Custody

Sample #	Sample Description / Location	Volume / Area (Air) HA# (Bulk)	Date Sampled
<b>Relinquished (Client):</b>		<b>Date:</b>	<b>Time:</b>
<b>Received (Lab):</b>		<b>Date:</b>	<b>Time:</b>