

LAB-001C – OCTIEF CHAIN OF CUSTODY – ASBESTOS SOIL ID**SECTION A – Client Details**Client Company Name: _____
Client Company Address: _____
Contact Name: _____
Contact Phone Number: _____ Contact Email: _____**SECTION B – Project Details**Client Project / Site Reference (Lab Report Title): _____
Purchase Order Number: _____
Email Results to*: _____
Email Invoice to*: _____** sent to Contact Email listed in SECTION A if not provided*Notes: _____

_____**SECTION C – Sample Details (please provide your sample ID(s) and other information overleaf)**Sampled By: _____
Date Sampled: _____
Date Samples Submitted: _____
Number of Samples Submitted: _____

Analysis Type & TAT:	Asbestos Soil ID (AS4964) <input type="checkbox"/>	3 Day (Standard) <input type="checkbox"/>	Urgent (100% Surcharge) <input type="checkbox"/>
	Asbestos Soil ID (AS4964) & Quantitation (NEPM / WA Guidelines) <input type="checkbox"/>		

SECTION D – Payment MethodAccount Credit Card** Electronic Funds Transfer Cash **** Payment by credit card incurs a 2.5% surcharge – OCTIEF will contact client for credit card details****For Laboratory Use Only****Received By:**Company: _____
Name: _____
Date and Time Received: _____
Signature: _____
LIMS Reference Number: _____
Date Due: _____
Report Approved By: _____
Date Report Sent: _____
Invoice Number: _____

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SECTION C – Sample Details (continued)	
Lab Ref #	Client Sample ID / Information
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