



**COMBUSTION BY-PRODUCTS
SCREENING TEST
CHAIN OF CUSTODY**

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Lab order ID <i>(Lab use only):</i>	Client code:
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Contact name:	Phone:
Company name:	Fax:
Address:	Email:
	Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different <i>(indicate in comment** if different)</i>
	PO#:

Project name/number:	
Sample collector:	Signature:
Relinquished by:	Date/Time:
Total number of samples:	Method of delivery <i>(office use):</i>

Medium	
Alcohol Wipe	<input type="checkbox"/>
Tape Lift	<input type="checkbox"/>
Air Particulate Trap	<input type="checkbox"/>
Bulk	<input type="checkbox"/>
Cellulose Ester Filter	<input type="checkbox"/>
Swab	<input type="checkbox"/>
Adhesive Slide	<input type="checkbox"/>

Turnaround Time	
3 Hour	<input type="checkbox"/>
6 Hour	<input type="checkbox"/>
24 Hour	<input type="checkbox"/>
48 Hour	<input type="checkbox"/>
72 Hour	<input type="checkbox"/>
5 Business Days	<input type="checkbox"/>
7-10 Business Days	<input type="checkbox"/>

Special Instructions

Note: To add more rows, click the bottom row, then click the + to the right of the table

Sample #	Description/Location	Sampling Date	Area

Laboratory use

Sample condition upon receipt: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable – (Explain):		
Received by: (Signature/Print)	Date: (MM/DD/YYYY)	Time:

