



AMA Analytical Services, Inc.

Focused on Results www.amalab.com
 AIHA-LAP (#100470) NVLAP (#101143-0) NY ELAP (10920)
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(Please Refer To This
 Number For Inquiries)

CHAIN OF CUSTODY

Mailing/Billing Information:

1. Client Name: _____
 2. Address 1: _____
 3. Address 2: _____
 4. Address 3: _____
 5. Phone #: _____ Fax #: _____

Submittal Information:

1. Job Name: _____
 2. Job Location: _____
 3. Job #: _____ P.O. #: _____
 4. Contact Person: _____ Cell: _____
 5. Collected by: _____ Cell: _____

Reporting Info (Results provided as soon as technically feasible). If no TAT/Reporting Info is provided, AMA will assign defaults of 5-Day and email/fax to contacts on file.

AFTER HOURS (must be pre-scheduled) <input type="checkbox"/> 4 Hours <input type="checkbox"/> Late Night <input type="checkbox"/> Immediate Date Due: _____ <input type="checkbox"/> 24 Hours Time Due: _____ Comments: _____	NORMAL BUSINESS HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 3 Day <input type="checkbox"/> Results Required By Noon <input type="checkbox"/> Same Day <input type="checkbox"/> 5 Day + <input type="checkbox"/> Next Day Date Due: _____ <input type="checkbox"/> 2 Day	REPORT TO: <input type="checkbox"/> Email: _____ <input type="checkbox"/> Email 2: _____ <input type="checkbox"/> Verbals: _____
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Asbestos Analysis

*PCM Air – Please Indicate Filter Type: _____
 NIOSH 7400 _____ (QTY)
 Fiberglass _____ (QTY)
 TEM Air* – Please Indicate Filter Type: _____
 AHERA _____ (QTY)
 NIOSH 7402 _____ (QTY)
 Other (specify _____) _____ (QTY)

PLM Bulk

EPA 600 – Visual Estimate _____ (QTY) Pos Stop
 EPA Point Count _____ (QTY)
 NY State Friable 198.1 _____ (QTY)
 Grav. Reduction ELAP 198.6 _____ (QTY)
 Other (specify _____) _____ (QTY)

MISC

Asbestos Soil PLM__ (Qual) PLM__ (Quan) PLM/TEM__ (Qual) PLM/TEM__ (Quan)
 *It is recommended that blank samples be submitted with all air and surface samples

TEM Bulk

ELAP 198.4/Chatfield _____ (QTY)
 NY State PLM/TEM _____ (QTY)
 Residual Ash _____ (QTY)
 Vermiculite

TEM Dust*

Qual. (pres/abs) Vacuum/Dust _____ (QTY)
 Quan. (s/area) Vacuum D5755-95 _____ (QTY)
 Quan. (s/area) Dust D6480-99 _____ (QTY)

TEM Water

Qual. (pres/abs) _____ (QTY)
 ELAP 198.2/EPA 100.2 _____ (QTY)
 EPA 100.1 _____ (QTY)

All samples received in good condition unless otherwise noted.
 (TEM Water samples _____ °C)

If field data sheets are submitted, there is no need to complete bottom section.

Metals Analysis

Pb Paint Chip _____ (QTY)
 *Pb Dust Wipe (wipe type _____) _____ (QTY)
 *Pb Air _____ (QTY)
 Pb Soil/Solid _____ (QTY)
 Pb TCLP _____ (QTY)
 Drinking Water Pb _____ (QTY) Cu _____ (QTY) As _____ (QTY)
 Waste Water Pb _____ (QTY) Cu _____ (QTY) As _____ (QTY)
 Pb Furnace (Media _____) _____ (QTY)

Fungal Analysis

Collection Apparatus for Spore Traps/Air Samples: _____
 Collection Media _____
 *Spore-Trap _____ (QTY) Surface Vacuum Dust _____ (QTY)
 *Surface Swab _____ (QTY)
 *Surface Tape _____ (QTY)
 Other (Specify _____) _____ (QTY)

CLIENT ID #	SAMPLE INFORMATION SAMPLE LOCATION/ ID	DATE/ TIME	VOL (L)/ Wipe Area	ANALYSIS								MATRIX					COMMENTS / SPECIAL INSTRUCTIONS			
				TEM	PCM	PLM	LEAD	MOLD	AIR	BULK	DUST	WATER AND OTHER	SPORE TRAP	TAPE	SWAB					

Relinquished by:		Signature		Date		Time	
Received by:		Signature		Date		Time	

Shipping Information

UPS In-Person Other
 FedEx Drop Box
 USPS Courier