AMA Analytical Services, Inc.
Focused on Results www.amalab.com
AIHA-LAP (#100470) NVLAP (#101143-0) NY ELAP (10920)
4475 Forbes Blvd. • Lanham, MD 20706
(301) 459-2640 • (800) 346-0961 • info@amalab.com

CHAIN OF CUSTODY

(Please Refer To This Number For Inquires)

AMA Client Information:

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

Submittal Information:

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

If a TAT is not provided, AMA will assign a default of 5-Day. **Reports and Invoices provided by Email only.**

AFTER HOURS (must be pre-scheduled)
☐ 4 Hours ☐ Late Night
☐ Immediate Date Due: _____
☐ 24 Hours Time Due: _____
Comments: _____

NORMAL BUSINESS HOURS
☐ 4 Hours
☐ Same Day (6-8 Hours)
☐ 1 Day
☐ 2 Day
☐ 3 Day
☐ 5 Day +
Date Due: _____
☐ Results Required By Noon

REPORT TO:
☐ Email 1: _____
☐ Email 2: _____
☐ Email 3: _____

Asbestos Analysis
*PCM Air – Please Indicate Filter Type: _____
☐ NIOSH 7400 _____ (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)

TEM Bulk
☐ ELAP 198.4/Chatfield _____ (QTY)
☐ NY State PLM/TEM _____ (QTY)
☐ Residual Ash _____ (QTY)
☐ Vermiculite _____ (QTY)
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) **(For Lab Use Only)**

Metals Analysis
☐ Pb Paint Chip ☐ % by Weight _____(QTY) ☐ mg/kg _____(QTY)
☐ *Pb Dust Wipe _____ (QTY) (Samples collected using ASTM approved media ☐
☐ *Pb Air _____ (QTY)
☐ Pb Soil/Solid _____ (QTY)
☐ Pb TCLP _____ (QTY)
☐ Drinking Water ☐ Pb____(QTY) ☐ Cu____(QTY)
☐ Waste Water ☐ Pb____(QTY) ☐ Cu____(QTY)
☐ Pb Furnace (Media _____) _____ (QTY)

Fungal Analysis
☐ *Spore-Trap____ (QTY)
☐ *Surface Swab____(QTY)
☐ *Surface Tape____ (QTY)
☐ Other (Specify____)____(QTY)
☐ Surface Vacuum Dust ____(QTY)
Collection Apparatus for Spore Traps/Air Samples: _____
Collection Media _____

If field data sheets are submitted, there is no need to complete bottom section.
*It is recommended that blank samples be submitted with all air and surface samples

SAMPLE INFORMATION

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION	DATE	TIME	VOL (L) (Air Samples)	Wipe Area (Dust Samples)	TEM	PCM	PLM	LEAD	MOLD	COMMENTS / SPECIAL INSTRUCTIONS

	Print Name	Signature	Date	Time	Delivery Information (For Lab Use Only)
Relinquished by:					☐ UPS ☐ In-Person ☐ Other ☐ FedEx ☐ Drop Box _____ ☐ USPS ☐ Courrier
Received by:					