



AMA Analytical Services, Inc.

Focused On Results.

AIHA-LAP (#100470) NVLAP (#101143-0) NY ELAP (#10920)

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www.amalab.com

(COC # Assigned upon
arrival at lab.)

LEAD CHAIN OF CUSTODY

Mailing/Billing Information:

Client Name: _____

Address: _____

Address: _____

Invoice Submittal Email: _____

Phone #: _____ Fax #: _____

Submittal Information:

Job Name: _____

Job Location: _____

Job #: _____ P.O. #: _____

Point of Contact: _____ Cell #: _____

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 & email/fax to contacts of file.

TURN AROUND TIME (TAT):				REPORT TO:	
After Hours (must be pre-scheduled)		Normal Business Hours		<input type="checkbox"/> Email: _____	
<input type="checkbox"/> 4-Hours Date Due: _____	<input type="checkbox"/> 4-Hour	<input type="checkbox"/> 2-Day	<input type="checkbox"/> 5 Day +	<input type="checkbox"/> Email CC 1: _____	
<input type="checkbox"/> Immediate Time: _____	<input type="checkbox"/> Immd. (6-12hr)	<input type="checkbox"/> 3-Day	<input type="checkbox"/> Results by Noon	<input type="checkbox"/> Email CC 2: _____	
<input type="checkbox"/> 24-Hours Comments: _____	<input type="checkbox"/> 1-Day	Due Date: _____ (may incur addtl fees)		<input type="checkbox"/> Email CC 3: _____	
Sample Type					
^by submitting samples to AMA, you certify that wipes used meet ASTM E1972 Requirement					
specify paint chip reporting units					
<input type="checkbox"/> Dust Wipe^* _____ (QTY)	<input type="checkbox"/> Air* _____ (QTY)	<input type="checkbox"/> Soil/Solid _____ (QTY)	<input type="checkbox"/> Paint Chip _____ (QTY)	<input type="checkbox"/> % Pb Weight <input type="checkbox"/> mg/cm ²	
<input type="checkbox"/> TCLP _____ (QTY)	<input type="checkbox"/> Drinking Water _____ (QTY)	<input type="checkbox"/> Waste Water _____ (QTY)	<input type="checkbox"/> Furnace (Media type _____) _____ (QTY)		
*it is recommended that blank samples be submitted with all air and surface matrices					
<input type="checkbox"/> All samples received in good condition unless otherwise noted.					

Sample Information (if field data sheets are included, there is no need to complete this section)						Sample Matrix				COMMENTS/SPECIAL INSTRUCTIONS
Sample Number	Sample Collection Location/Surface	Date (M/D/YYYY)	Time (HH:MM)	Wipe Area (in ²)	Volume (L)	Dust Wipe	Paint Chip/Soil	Air	Water/Other	
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						
				X						

Print Name	Sign Name	Date (m/d/yyyy)	Time (hh:mm)	Shipping Information
Relinquished by:				<input type="checkbox"/> UPS <input type="checkbox"/> In-Person <input type="checkbox"/> Other
Received by:				<input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier
				Airbill/Tracking No.: _____