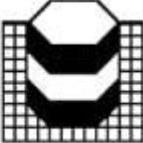


# Request for Laboratory Services / Chain of Custody - Asbestos

Send Report To Company Name Company Address City State Zip Phone Cell Pager Client Project Name Client Project # Purchase Order #		<b>Hygeia Laboratories Inc.</b> 82 W. Sierra Madre Blvd Sierra Madre, CA 91024 (626) 355-4711 (626) 355-4497 Fax www.hygeialaboratories.com 		
Fax Hygeia Reference #				
Samples Submitted Samples Analyzed				
Send Report Via Email Address Turnaround Time Type of Sample	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Verbal Results? <input type="checkbox"/> Do you require a mailed report? <input type="checkbox"/> Normal (3-5 business days) <input type="checkbox"/> Next Day (24 hrs) <input type="checkbox"/> Same Day (Rush) <input type="checkbox"/> Weekend Rush <input type="checkbox"/> Air <input type="checkbox"/> Bulk <input type="checkbox"/> Dust (microvac) <input type="checkbox"/> Dust (w/ipe) <input type="checkbox"/> Soil <input type="checkbox"/> Paint <input type="checkbox"/> Water <input type="checkbox"/> Other			
<b>Asbestos (Optical)</b> <input type="checkbox"/> PLM <input type="checkbox"/> PLM Point Count 400 pts <input type="checkbox"/> PLM Point Count 1000 pts <input type="checkbox"/> PCM	<b>Asbestos (TEM)</b> <input type="checkbox"/> AHERA <input type="checkbox"/> Qualitative Dust <input type="checkbox"/> Qualitative Bulk <input type="checkbox"/> EPA Level II <input type="checkbox"/> Quantitative Dust <input type="checkbox"/> Semi-Quantitative Bulk <input type="checkbox"/> NIOSH 7202 (PCM Equiv) <input type="checkbox"/> Drinking Water (potable) <input type="checkbox"/> Full Quantitative Bulk <input type="checkbox"/> ISO 10312 <input type="checkbox"/> Drinking Water (non-potable)			
	<input type="checkbox"/> Partical Characterization <input type="checkbox"/> Supplies			
<b>Additional Instructions</b>    				
<b>For Lab Use Only</b> Sample Integrity <input type="checkbox"/> accept <input type="checkbox"/> reject    1st Sample # _____ Reviewed by    Date _____    Initials _____    Price / Sample _____ Results Reported by Date _____    Time _____    Initials _____    Verbal    Fax    Email    Invoice # _____ Date _____    Time _____    Initials _____    Verbal    Fax    Email    Log Out Date _____				
Comments   				
Relinquished By (Signature)	Received By (Signature)	Date	Time	Reason for Change of Custody
The sample collector is responsible for ensuring that all samples have been preserved according to the appropriate and applicable methodology.				