


# Request for Laboratory Services / Chain of Custody - Chemistry

Send Report To			<b>Hygeia Laboratories Inc.</b> 82 W. Sierra Madre Blvd Sierra Madre, CA 91024 (626) 355-4711 (626) 355-4497 Fax www.hygeialaboratories.com	
Company Name				
Company Address				
City State Zip				
Phone	Fax			
Cell Pager		Hygeia Reference #		
Client Project Name		Cash Client #		
Client Project #		Samples Submitted		
Purchase Order #		Samples Analyzed		

Send Report Via	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Verbal Results? <input type="checkbox"/> Do you require a mailed report?			
Email Address				
Turnaround Time	<input type="checkbox"/> Normal (5 business days) <input type="checkbox"/> Two Day <input type="checkbox"/> Next Day <input type="checkbox"/> Same Day <input type="checkbox"/> Weekend/Holiday			
	TCLP and STLC: <input type="checkbox"/> Normal (5 business days) <input type="checkbox"/> Three Day <input type="checkbox"/> Two Day (STLC) <input type="checkbox"/> Next Day (TCLP)			
Type of Sample	<input type="checkbox"/> Air <input type="checkbox"/> Dust <input type="checkbox"/> Paint <input type="checkbox"/> Bulk <input type="checkbox"/> Soil <input type="checkbox"/> Water <input type="checkbox"/> Wipe <input type="checkbox"/> Other			

**Type of Analysis**

<input type="checkbox"/> Lead - air, paint, soil, bulk, wipe	<input type="checkbox"/> Lead - drinking water	<input type="checkbox"/> Cadmium
<input type="checkbox"/> Lead - TCLP		<input type="checkbox"/> Chromium
<input type="checkbox"/> Lead - STLC	<input type="checkbox"/> Total Nuisance Dust (NIOSH 0500)	<input type="checkbox"/> Nickel
<input type="checkbox"/> Lead - TTLC	<input type="checkbox"/> Respirable Nuisance Dust (NIOSH 0600)	<input type="checkbox"/> Zinc

**Additional Instructions**

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**For Lab Use Only**

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

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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.

Revised 9/16/2008