



**CHAIN OF CUSTODY  
 BULK ASBESTOS ANALYSIS**

Client Name: _____	Project Name: _____
Address: _____	Project Number: _____
City, State, Zip: _____	Sampling Date: _____
Contact: _____	Phone #: _____
Sampler's Name: _____	Invoice To Name(s): _____
Report To: _____	Invoice To Email(s): _____
Report to Email: _____	PO #: _____

Sample ID	Sample Location/Description	Analysis Requested	Turnaround Time (TAT)	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Relinquished by: _____	Date/Time: _____
Received by: _____	Date/Time: _____
Relinquished by: _____	Date/Time: _____
Received by: _____	Date/Time: _____

Submission of samples to the laboratory constitutes acceptance of AES's Terms & Conditions. Client assumes sole responsibility for damage or loss of samples before we accept them. Samples received after 3PM or on Saturday are considered as received the following business day. If no TAT is marked on COC, AES will proceed with standard TAT.

Asbestos COC7.15.19

FOR LAB USE ONLY

Lab Recipient: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Method of Shipment: \_\_\_\_\_