

Airzone One Ltd. CHAIN OF CUSTODY/REQUEST FOR ANALYSIS						
CLIENT INFORMATION:				LABORATORY INFORMATION:		
Company Name: _____				Date Submitted: _____		
Project Manager: _____				By: _____		
Address: _____						

Phone: _____ Fax: _____				Received By: _____		
Client P.O.# _____ Client Reference# _____				Date Received: _____		
Matrix: _____						
SAMPLE ID	AIR VOLUME (L)	ANALYSIS REQUESTED				
TURNAROUND TIME		RUSH next day: ____	RUSH 3 days: ____	NORMAL 10 days: ____	OTHER	
COMMENTS:						