



Chain Of Custody Asbestos Analysis

Ship Samples To:
120 Main Street, Suite B
Westbrook, ME 04092

Phone: 1-800-244-8378
Email: info@nelabservices.com
Website: www.nelabservices.com

LAB USE ONLY	
NEL ID:	
Page(s):	of

Contact Information			Requested Turnaround Time	Requested Analysis												
Company/Name:			4-5 Day <input type="checkbox"/>	VISUAL		NOB			VERMICULITE EPAT METHOD 600/R-93/116 (<0.25%) - SUBCONTRACT							
Address:				2-3 Day <input type="checkbox"/>	PLM EPA METHOD 600/R-93/116 (<1%)	CHECK FOR 400 POINT COUNT (<0.25%)	CHECK FOR POSITIVE STOP	PLM EPA METHOD 600/R-93/116 NOB (<1%)		CHECK FOR 400 POINT COUNT (<0.25%)	CHECK FOR POSITIVE STOP					
City, State Zip:			Next Day <input type="checkbox"/>						RUSH* <input type="checkbox"/> <i>Must be scheduled prior to drop off</i>							
Contact Name:				Project #: _____	Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time		Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:			Project Information						Must be scheduled prior to drop off							
Email(s):				Project Information	Must be scheduled prior to drop off											
Project Information			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:				Project #: _____	Project Name/PO: _____											
City, State Zip:			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Name:				Project #: _____	Project Name/PO: _____											
Phone:			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email(s):				Project #: _____	Project Name/PO: _____											
Project Information			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:				Project #: _____	Project Name/PO: _____											
City, State Zip:			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Name:				Project #: _____	Project Name/PO: _____											
Phone:			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email(s):				Project #: _____	Project Name/PO: _____											
Project Information			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:				Project #: _____	Project Name/PO: _____											
City, State Zip:			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Name:				Project #: _____	Project Name/PO: _____											
Phone:			Project #: _____			Project Name/PO: _____	Sampled By: _____	Lab ID # (LAB USE ONLY)	Collection Date / Time	Sample Number / Description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email(s):				Project #: _____	Project Name/PO: _____											

Payment Information:			
Payment Type:	CM CA CC CK #	Credit Card #:	
Amount:		Credit Card Exp:	Postal Zip:

Samples Relinquished:		Samples Accepted:		Acceptance Criteria
Date/Time:		Date/Time:		Samples are deemed acceptable unless otherwise noted below (labeled and minimum 1" diameter).
Name:		Name:		
Samples Relinquished:		Samples Accepted:		Comments
Date/Time:		Date/Time:		
Name:		Name:		