

CUSTOMER INFORMATION / CHAIN OF CUSTODY

DATE NEEDED: _____ 2 day, 3 – 5 days, week, <i>RUSH EXTRA CHARGE</i>
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Customer: _____

Address: _____
(street) (city, state) (zip)

E-mail: _____

Phone: _____ FAX: _____

Relinquished By: _____

Contact/Report To: _____

Invoice To: _____

Sample Date: _____

SAMPLE #	LOCATION	MATERIAL DESCRIPTION	ANALYSIS ASBESTOS / MOLD

Items below line to be completed by ERI Analytical

Date Received by Lab: _____ AS# _____

Analyst/Date: _____ Returned _____ Archive _____