Chain of Custody

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SMMS LABS

Lab Job # _____
Lab Job # _____
Lab Job # _____

****Please call in advance for immediate, after-hour, & weekend pricing & availability.****

Turnaround of Culture Samples subject to Culture Growth

ASBESTOS PLM
Bulk ☐1 day ☐2 day ☐3 day ☐5 day ☐Immediate
☐**Analyze All** ☐**Positive Stop**

LEAD Paint / Soil / Wipe ☐1 day ☐2 day ☐3 day ☐5 day ☐Immediate
PCM Air (7400) ☐1 day ☐2 day ☐3 day ☐5 day ☐Immediate
TOTAL DUST (0500/0600) ☐1 day ☐2 day

MOLD
Non-culture (Tape / Bulk / Air) ☐1 day ☐2 day ☐Immediate
☐ Air Standard Profile ☐Air Expanded Profile
Analyze Blanks ☐**Yes** ☐**No**
Culture (Swab / Bulk / Plate) ☐7-14 day

ASBESTOS TEM
Air AHERA Method ☐6 hr ☐12hr ☐24 hr
Air 7402 (Modified) ☐1 day ☐2 day ☐3 day
Bulk/Wipe/Micro Vac ☐1 day ☐2 day ☐3 day
Water ☐1 day ☐2 day ☐3 day
Analyze Blanks ☐**Yes** ☐**No**

BACTERIA
Heterotrophic Plate Count (HPC) ☐3 day
HPC + Gram Stain ☐3 day ☐5 day
HPC + 3 Gram Neg ID ☐6-8 day
HPC + 5 Gram Neg ID ☐6-8 day
Fecal Coliform (MPN) ☐3 day
Total Coliform & E Coli (P/A) ☐2-3 day

Billing Company / City: _____ # of Samples: _____
Submitter / Company: _____ Sample Date: _____
Project: _____ Project #: _____
Contact Information: Name: _____ Phone #: _____
E-mail Results to: _____ Mobile #: _____
Invoice Address: _____ P.O. #: _____

--- Please review paperwork and samples before submitting to lab. Unsealed / improperly packaged samples or excessive administrative requests may incur additional fees---

Notes: _____

Sample #	Sample Description	Vol. / Area if applicable	Location / Notes

Released By:	Date / Time:	Received By:	Date / Time:
Released By:	Date / Time:	Received By:	Date / Time:

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Project: _____ Project #: _____

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