

CHAIN OF CUSTODY
OFFICIAL LABORATORY REQUEST FORM

FOV Labs
1055 S. Arizona Ave, Ste 7, #300
Chandler, AZ 85286
Phone: (480) 385-8676

<p>CLIENT INFORMATION</p> <p>Company: <input style="width:90%;" type="text"/></p> <p>Address: <input style="width:90%;" type="text"/></p> <p>City/St/Zip: <input style="width:90%;" type="text"/></p> <p>Contact: <input style="width:90%;" type="text"/></p> <p>Ph: <input style="width:15%;" type="text"/> Fax: <input style="width:15%;" type="text"/></p> <p>Email: <input style="width:90%;" type="text"/></p>	<p>BILL TO (IF DIFFERENT)</p> <p>Company: <input style="width:90%;" type="text"/></p> <p>Address: <input style="width:90%;" type="text"/></p> <p>City/St/Zip: <input style="width:90%;" type="text"/></p> <p>Contact: <input style="width:90%;" type="text"/></p> <p>Phone: <input style="width:90%;" type="text"/></p>
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1 TURNAROUND TIME

Same Day Rush

2 TYPE OF ANALYSIS

AOC
 W-C
 Bulk
 Swab
 Tape

3 DISPOSAL INSTRUCTIONS

Dispose of samples at FOV Labs
 Return to me at my expense
(Samples disposed after 30 days if no preference indicated)

4 PROJECT DETAILS

Project Name:

Project #:

FOV Sample #	Client Sample #	Date & Time	Location / Material Description	Accept (Y / N)	Air Sample Data (On / Off / Flow Rate)	Notes
				OO		
				OO		
				OO		
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				OO		

5 SPECIAL INSTRUCTIONS:

Chain of Custody Record

Sample Collector (Print Name)	Signature	Date / Time
Relinquished By (Sign)	Received By (Sign)	Date / Time
Relinquished By (Sign)	Received By (Sign)	Date / Time
Relinquished By (Sign)	Received By (Sign)	Date / Time

The FOV Labs Terms and Conditions are hereby incorporated into this Chain of Custody by reference in their entirety. By submitting samples to FOV Labs, the customer acknowledges and agrees to all applicable Terms and Conditions.