ANALYSIS REQUEST FORM – ASBESTOS TESTING

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Information (To Appear on Report)** | | | | | | **Comments/Special Instructions** | | |
| **Company or Client Name** | Required | | **Date Sampled** |  | |  | | |
| **Contact Person** | Required | | **Phone #** | Required | |
| **Address** |  | | | | |
| **Sampling Site** |  | | | | |
| **E-mail Report To** | Required | | | | |
| **Client Reference**  Max 15 characters |  | | **Purchase Order #**  Max 15 characters |  | | **CUSTOM INVOICING DETAILS**  ***Only complete if invoice recipient is different from report recipient*** | | |
| **Submitter**  (if not Client) |  | | | | | **Invoice To (Company Name)** |  | |
| **Submitter**  **E-mail/Phone** |  | | | | |
| **Also Send Results to Submitter** *(please tick if required)* | | | | |  | **E-mail Invoice To** | Required | |
| **Provide Each Sample on Individual Report** *(please tick if required)* | | | | |  | **Standard Turn Around Times** | | |
| **Include Excel Report** *(please tick if required)* | | | | |  | **Air Monitoring Filter** | | **4 hours** |
| **Office Use Only** | | | | | | **Presence/Absence Bulk & Soil** | | **24 hours** |
| ***Laboratory ID Number*** | | ***Date & Received By*** | | ***Laboratory*** | | **PA/Semi-Quant Combo (24 hours if all absent)** | | **72 hours** |
| **Semi-Quantitative Soil** | | **72 hours** |

|  | **Your Sample Identification**  (To Appear on Report) | **Additional Information** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Air Monitoring Filter** | **Presence/Absence - Bulk** | **Presence/Absence - Soil** | **Semi-Quantitative - Soil** | **Sample Location/Comments** | **Cowl Number** | **Sampling Device ID** | **Start Time** | **Finish Time** | **Average Flow Rate (L/min)** | | **Monitoring Type** |
| **1** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **21** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **22** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **23** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **24** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **25** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **26** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **27** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **28** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **29** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **30** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **31** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **32** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **33** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **34** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **35** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **36** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **37** |  |  |  |  |  |  |  |  |  |  |  | |  |
| **38** |  |  |  |  |  |  |  |  |  |  |  | |  |