FISHER ENVIRONMENTAL LABORATORY

T. 905 475-7755 x227 E. laboratory@fisherenɡ.com
400 Esna Park Drive No. 15 • Markham, ON • L3R 3K2
Hours: 9AM - 5PM M-F
Call for Emergency Response

ASBESTOS LABORATORY REQUEST FORM: CHAIN OF CUSTODY

CLIENT INFORMATION

Company Name: _____

Address: _____

_____

Postal Code: _____

Contact: _____

Phone: _____

Email: _____

PROJECT INFORMATION

Project Name: _____

Project Address: _____

_____

Project ID: _____

Purchase Order #: _____

INVOICE TO: Same as Left? Yes / No (If No, Please Specify)

Credit Card #: _____

Exp. Date: _____ CVV: _____

Submitted by: _____

Signature: _____

Date & Time: _____

Method of Delivery: _____

TURNAROUND TIME (TAT)

	Check
48 Hours	☐
24 Hours	☐
4 Hours	☐

Surcharges Apply for 4 and 24 Hours TAT

Sample ID	Sample Matrix and Description	Sampling Date	Notes

FOR INTERNAL USE: TO BE COMPLETED BY LAB PERSONNEL ONLY

Lab Job #: _____

Page _____of _____

Received by: _____

Date & Time: _____

Remarks: