



AMERICAN SCIENTIFIC LABORATORIES, LLC

Environmental Testing Services

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COC# _____ GLOBAL ID _____ E REPORT: PDF EDF EDD ASL JOB# _____

Company:				Report To:				ANALYSIS REQUESTED														
Address:		Project Name:		Address:																		
		Site Address:		Invoice To:																		
Telephone: Fax:				Address:																		
Special Instruction:		Project ID:																				
E-mail:		Project Manager:		P.O.#:																		
I T E M	LAB USE ONLY	SAMPLE DESCRIPTION				Container(s)		Matrix	Preservation													Remarks
	Lab ID	Sample ID	Date	Time	#	Type																
Collected By:			Date	Time	Relinquished By:			Date	Time													TAT
Relinquished By:			Date	Time	Received For Laboratory			Date	Time													<input type="checkbox"/> Normal
Received By:			Date	Time	Condition of Sample:			<input type="checkbox"/> Rush														

CHAIN OF CUSTODY RECORD