



Fiberquant Analytical Services 5025 S. 33rd St.;
 Phoenix, AZ 85040; Phone: 602-276-6139; FAX: 602-276-4558;
 info@fiberquant.com

Analysis Request/Chain-of-Custody Form

Submitted by (Company)	
Address	
City, State, Zip Code	
Phone	FAX
Email	
Invoice to (Company)	
Address	
City, State, Zip Code	
Phone	FAX
Contact (print)	
Sampled by (signature)	
Job Number or Project Name	
PO Number	

Analysis Method Requested ONLY ONE METHOD per COC			Turn-around-time (circle one)			
			Rush	Norm	Ext.	
Asbestos by PLM	Improved	Interim	Urg. Rush <3 hrs	<6 hrs	1-3 days	15-30 days
	Analyze: All	ATPF				
	If ATPF then by	Layer or Sample				
Fibers by PCM	7400(Area)	ORM (Personal)	<4 hrs	24 hrs	-	
Asbestos by TEM	AIR: AHERA	Mod. AHERA	<6 hrs	24 hrs	3-5 days	N/A
	Water*: Water	Sludge				
	Annex2 : Chatfield	Full	1-2 days	3-5 days	N/A	N/A
	Vacuum Dust (ASTM)					
Metals by FLAA	Analyte: Pb	Other	<6 hrs	2-3 days	N/A	N/A
	Matrix: Filter:	MCE FG				
	Paint: by Area	by Weight				
	Soil					
	Wipe					
	Initial here certifying wipes used are ASTM E1792 compliant					
Fungi	Air Sample: Zef	Aller Other	<6 hrs	1-2 days	N/A	N/A
	ID/Count: Bulk	Swab				
	Tape: Qualitative (%)					
	Tape: Quantitative (cm2)					
Dust	NIOSH 500		<4 hrs	24 hrs	N/A	
Other			Call	Call		

Sample Number	Description/Location	Sample Date	Sample Time	Vol/Area
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				

1) Relinquished by:	Date:	Time:	3) Relinquished by:	Date:	Time:
2) Received by:	Date:	Time:	4) Received by:	Date:	Time:
* TEM Water: Sampler's name Required by State of Arizona	Print Name			Page ____ of ____	

Review of Analysis Request (Initials) _____

Note: Data completed by client (including number and identity of samples) is assumed to be correct until it is verified at time of sample preparation.