



Environment Testing
TestAmerica

Laboratory Chain of Custody Form Page ___ of ___

Eurofins TestAmerica Cedar Falls
3019 Venture Way
Cedar Falls, IA 50613
Ph: 1-800-750-2401 or 1-319-277-2401
Fax: 1-319-277-2425
www.testamericainc.com

Company Name/Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Send Report To: _____

Send Invoice To: _____

Quote No: _____

Sampler: _____ Project Name: _____ Project No.: _____ P.O. Number: _____

Lab Number (Internal Use Only)	Sample Identification	Date Sampled	Media Type (Filter, Tube, Diffusive Badge, etc.)	Analysis Method(s)/Analytes	Sampling Type (Minutes)	Air Volume (Liters)	Pump ID

Sample Receipt	Reporting/Deliverables	Turn Around Time Requested
Temperature _____ °C Sample Seals: Yes _____ No _____ Sample Seals Intact: Yes _____ No _____ Total # of Samples: _____	Fax Results: Yes _____ No _____ Email Results: Yes _____ No _____ EDD: Yes _____ No _____ Data Package Standard Level II: _____ Level III: _____ Level IV: _____	_____ 24 Hours _____ 48 Hours _____ 72 Hours _____ 96Hours _____ Standard 7 Business Days RUSH Charges Authorized: ___ Yes ___ No Subject to scheduling and availability (RUSH surcharges apply)

Instructions / Special Requirements:

Date:	Time:	Samples Relinquished by:	Received by: