

CHAIN OF CUSTODY Sample Submission Form

**Johns Manville
Industrial Hygiene Laboratory**
10100 West Ute Avenue
Littleton, CO 80127-5002
303-978-3724
303-978-3005 (fax)
email: jmihlab@jm.com

JM Project No.: _____ **(1)**

CLIENT INFORMATION

Company _____ **(2)**
Address _____

City, State, Zip _____
Client Contact _____
Phone No. _____
Fax No. _____
mail _____
(Email the report? Please indicate email address)

Client Reference No. _____ **(5)**
Sampled By _____ **(7)**

BILLING INSTRUCTIONS

Company _____ **(3)**
Address _____

City, State, Zip _____
Client Contact _____
Phone No. _____
Fax No. _____

Purchase Order No. _____ **(6)**

SERVICE NEEDS (TAT)

15-Day* (Standard) _____ **(4)**
EPA TO-14 , TO-15
7-Day* (Standard) _____
RUSH **
5-Day* _____
3-Day* _____
48-Hours _____
24-Hours _____
(* Working Days
(**) Call for Prices & Availability

ANALYSIS

		(15)	
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No.	SAMPLE NUMBER	SAMPLE DESCRIPTION	SAMPLE DATE	SAMPLING TIME (min)	SAMPLING RATE (L/min)	SAMPLE Volume (L)	MEDIA TYPE & #
	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Any bulk material remaining after analysis will be returned to the client submitting the material.

COMMENTS _____ **(16)**

Relinquished By: _____ (17)	Date/Time _____	Relinquished To: _____	Date/Time _____
Relinquished By: _____	Date/Time _____	Relinquished To: _____	Date/Time _____

JM Industrial Hygiene Laboratory

Completing the Chain-of-Custody Form

- 1) The laboratory will assign a JM Project number at the time of sample receipt.
- 2) Complete this area by providing the requested client information. The final report will be faxed and mailed to this address (unless otherwise noted.)
- 3) Provide any billing information that may be different from the client information
- 4) Choose a requested turn-around time (TAT). *If expedited service is needed, please call the laboratory for availability.*
- 5) Client Reference number is an optional field for referencing such information as sampling site, or client project number. This field will also be displayed on the final report and invoice.
- 6) Purchase Order number associated with the project samples.
- 7) The individual collecting the samples should print their name in this field.
- 9) Enter the sample identifier name or number.
- 9) An optional field for comments or descriptions related to the sample.
- 10) The date the sample was collected.
- 11) The total sampling time of the sample.
- 12) The calculated flow rate for the collected sample.
- 13) The calculated total air volume collected with the sampling media.
- 14) The sample media type (i.e. tube, filter, bulk, etc.).
- 15) Requested analyses listed, with a check mark (☑) in the box corresponding to the sample.
- 16) Any special instructions, requirements, or comments can be listed here.
- 17) A signature, date, and time are needed to relinquish the samples to the laboratory. After signing the form, keep the back (pink) copy for your records. The top original copy of this form will be mailed with the final report.