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Chain of Custody (COC)

FORM-008 R2

Lab Client (Name or Company):	Date:
	Sample Collected By:
Name of Person results are to be sent to (If different than above)	Project Address:
Client's Address:	P0#:
	Lab ID#:
Signature:	Check Preferred Turn Around Time:
	RUSH Day (Cut-off is 4pm)
Phone#:	24 Hours (Next Day)
Email:	(1-3) Business Days
Fax:	(3-5) Business Days

Sample #	Location & Description of Sample (i.e., where the sample was taken and what the sample is, i.e.: "bathroom - drywall joint compound (DWJC)" or "kitchen - 2 nd layer floor tile," etc.)	Date the Sample was Taken	Asbestos (Please check box below for type of analysis required)		Fungal (Please check box below for type of analysis required)			Units/Time (For PCM Fiber Count and Non-Viable Air Samples)	
			Bulk (PLM)	PCM Fiber Count	Non-Viable Air Cassette	Surface Tape Lift	Bulk	Viable RCS Strip	Surface Swab
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Payment: Visa/MC/Cheque/Cash/ E-transfer to admin@airo.ca - Credit Charge will appear as Airo Enviro Labs Inc.			
Card #	Exp:	CVC:	Cost of Service: \$
Signature:		Date:	