

## **CHAIN OF CUSTODY**

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FROM:						DATE:			<del></del>
Company / Customer Name						Job # or PO #			
Company / Customer Address						Job Description Notes:			
Company / Customer City, State and Zip									
Company / Customer Telephone						EMAIL TO SEND RESULTS:			
How do you want results sent to you?					EMAIL	FAX	USMAIL	VERBAL	
All Lab Resuts w	vill be eMailed	l unless otherwise	indicated.	•					
			SAME			NEXT BUSINESS DAY STANDARD TAT			
				s not available for Off-Site Analysis) - Bulk Asbestos Identification					
	lysise	IN-HOUSE	PLIVI - I	BUIK AS	bestos ia	entification			
PROMPT PAYMENT IS DUE UPON RECEIPT OF LAB RESULTS		In-HOUSE	PCM-	- Cassette Fiber Counting					
MPT PAYMENT IS C UPON RECEIPT OF LAB RESULTS		Off-Site		Air Lead Paint Chips					
PA' N RI 'B R		Off-Site	TCLP -	- Lead (for disposal)					
다 Off-Site TCL			TCLP -	P - Full Metal - 8 RCRA (for disposal)					
PROI		OTHER:							_
				PCM FIBER COUNT INFO. ON					
Sample#		Name / Location / Description					Time On	Time Off	Flow Rate
H/B Lab File No./Sample No.:							Received By:		
LABORATOI Method of	Transmitta	LY: al: □ Drop Bc	x □Hai	nd-Deli	ver □US		•	her in Nevt Busi	ness Dayl