Materials Science Chain of Custody

LA Testing Order Number (*Lab Use Only*):

PHONE: ( )
FAX: ( )

Company :		**LA Testing-Bill to:** ☐ Same ☐ Different If Bill to is Different note instructions in Comments** *Third Party Billing requires written authorization from third party*	
Street:			
City:	**State/Province:**	**Zip/Postal Code:**	**Country:**
Report To (Name):		**Fax #:**	
Telephone #:		**Email Address:**	
Project Name/Number:			
Please Provide Results: ☐ **Fax** ☐ **Email**	**Purchase Order:**	**U.S. State Samples Taken In:**	

Turnaround Time (TAT) Options – Please Check

☐ **2 Week** ☐ **Expedited (Please call for information) TAT: _____**

Test Type

☐ **Common Particle ID (large particles)**	☐ **Combustion-by-products (soot, char, ash, carbon black)**	☐ **MMVF's (fibrous glass, mineral wool, RCF's)**
☐ **Full Particle ID (environmental dust)**	☐ **FTIR/NIR (Polymers, Lubricants)**	☐ **Particle Size (Sieve, Microscopy, or Laser-select one)**
☐ **Basic Material ID (solids)**	☐ **X-Ray Fluorescence (elemental analysis)**	☐ **Combustible Dust (Core Module, MIE, MEC, Kst, etc.)**
☐ **Advanced Material ID (liquids and solids, industrial residues)**	☐ **X-Ray Diffraction (Crystalline Particles)**	☐ **Petrographic Examination of Concrete, Soil, Stone**
☐ **Physical Testing (Tensile, Compression, etc.)**	☐ **Other (Please Explain):**	

All orders for clients who do not have established accounts with EMSL Analytical must be accompanied by payment in the form of a check or credit card. After your first order, EMSL reserves the right to establish an account, and assign credit terms of Net 30 or COD, based on credit evaluation and/or frequency of sample submittal. To establish a permanent account, you must be able to submit samples on a regular basis at a minimum of five times per year. EMSL reserves the right to make adjustments or changes to this policy as deemed necessary by business requirements.

Samplers Name:	**Samplers Signature:**

Sample #	Sample Description	Volume	Date/Time Sampled

Client Sample # (s):	**-**	**Total # of Samples:**
Relinquished (Client):	**Date:**	**Time:**
Received (Lab):	**Date:**	**Time:**
Comments:		

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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Sample #	Sample Description	Volume	Date/Time Sampled

***Comments/Special Instructions:**

Page _____ of _____ pages