Material Science Chain of Custody
LA Testing Order Number *(Lab Use Only)*:

Company :	**LA Testing-Bill to:** ☐ Same ☐ Different
	*If Bill to is Different note instructions in Comments***
Street:	*Third Party Billing requires written authorization from third party*

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

☐ **10 Business Days (Standard)**	☐ **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):**	

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:

Page 1 of _____ pages

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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