

UNYSE LABS CHAIN OF CUSTODY

Lead Analysis

Chain Number: _____

UNYSE Labs

346 Austin St
Buffalo, NY 14207
(866) 968-6973

Mailing/Billing Information:

Client Name: _____
Client Address: _____
Client Phone Number: _____
Client Fax Number: _____

Sample Collection Date: _____ Time: _____

Turn Around Time (TAT)

- 24 Hour
 48 Hour
 72 Hour

Submittal Information:

Job Name: _____
Job Location: _____
Job Number: _____
Contact Person: _____
Phone Number of Contact Person: _____
Submitted by: _____
Signature: _____
E-mail Address: _____

Dust Wipe Type: _____
ie Lynx

Sample ID Number	Location Sampled (FL, WS, WW)	Date	Dimensions (in X in)	Sample Matrix (A,S,W)
1				
2				
3				
4				
5				
6				
7				
8				
9				
#				

Laboratory Staff Only:

Date & Time Received: _____
Received by: _____
Date & Time Analyzed: _____
Analyzed by: _____
Results Reported To: _____
Date & Time Results Reported: _____
Signature: _____
Comments: _____

FL= Floor
WW= Window Well
WS= Window Sill
A= Air
S= Soil
W= Wipe

PAID BY:

Check, Check #: _____ Money Order

Credit Card (Circle One):   

Credit Card Number: _____ Expiration: _____ CVC Number: _____

Card Holder: _____

Signature: _____