AGAT Laboratories

Have feedback?
Scan here for a quick survey!

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Laboratory Use Only

AGAT Job Number: _____

Notes:

Chain of Custody Record

Report Information

Company: _____
Contact: _____
Address: _____
_____
Phone: _____ Fax: _____
LSD: _____
Client Project #: _____

Invoice To

Same Yes ☐ / No ☐

Company: _____
Contact: _____
Address: _____
_____
Phone: _____ Fax: _____
PO/AFE#: _____

Turnaround Time Required (TAT)

Regular TAT ☐ 5 to 7 working days

Rush TAT ☐ Less than 24 hours
☐ 24 to 48 hours
☐ 48 to 72 hours

Date Required: _____

UPON FILLING OUT THIS SECTION,
THE CLIENT ACCEPTS THAT SURCHARGES
WILL BE ATTACHED TO THIS ANALYSIS.
IF NOT COMPLETED,REGULAR TAT WILL BE DEFAULT.

LABORATORY USE (LAB ID #)	SITE NAME/SAMPLE DESCRIPTION	DATE/TIME INSTALLED	DATE/TIME EXTRACTED	COMMENTS - SITE SAMPLE INFO. SAMPLE CONTAINMENT	H2S Passive	SO2 Passive	NO2 Passive	O3 Passive	PM2.5	PM10	TSP					

Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time
Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time
Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time

Pink Copy - Client
Yellow Copy - AGAT
White Copy- AGAT

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N°:

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