



# CHAIN OF CUSTODY

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Contact Details		Site Address / Job Reference				Payment Options (please circle)	
Company:						Cash - Credit/Eftpos - Direct Transfer	
Contact Person:						Direct Transfer: BSB: 014-255 - Account No: 2635 30695	
Sampled by:						<b>OFFICE USE ONLY</b>	
Company Address:						CLIENT CODE:	
Phone/Mob:						JOB NUMBER:	
Email:		PAYMENT RECEIVED BY:					
		AMOUNT RECEIVED:					
Sample Identification		Tests Requested			Turnaround		Sample Information
Client Sample ID No.	Date sampled	Asbestos Identification	Fibre Counting	OTHER	STANDARD 1 Business Day	URGENT SAME DAY	<b>Sample Location: (Provide as much information as you would like on the final report)</b> <i>example; external cladding, master bedroom ceiling lining, kitchen flooring etc.</i>
Relinquished by:		Received by:				<b>NOTES:</b>  <p style="text-align: right;"><i>ISSUE TO: CLIENT / PROJECT MANAGER</i></p> <p style="text-align: center;">Version 12 - Issued: 24/10/2018 - <b>UNCONTROLLED WHEN PRINTED</b></p>	
Print Name:		Print Name:					
Date & Time:		Date & Time:					
Signature:		Signature:					