

L&D SAMPLE ANALYSIS – CHAIN OF CUSTODY FORM

New client

Existing client **(skip Section 2)**

SECTION 1 - CLIENT NAME

Client Name:

SECTION 2 - CLIENT DETAILS *(skip if existing client)*

Client Phone Number:

Invoicing Email:

SECTION 3 - REPORT DETAILS

Client Ref/Site Address:

Sample Date:

No. of Samples:

Turnaround Required:
(fibre counts = same day)

3 Days
(standard)

24 hr (weekday)
(50% surcharge)

24 hr (weekend)
(100% surcharge)

Contact Name:

Report Contact Email:
(if different from above)

L&D RECEIPT CONFIRMATION *(for lab use only)*

Date/Time Received:

Received by:

Notes:

Signature:

L&D Report Reference:

*** PLEASE COMPLETE DETAILS OVERLEAF**

SUPPLIED SAMPLE DETAILS

Client Sample Ref.	Analysis required (✓ box)				Filter No. (fibre count only)	Lab Sample Ref (for lab use only)
	Bulk ID	Soil / dust (AS964)	WA Guidelines	Fibre count		