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## Asbestos Bulk Samples Chain of Custody Form

**EPA/600/R-93/116**

CONTACT INFORMATION	PROJECT INFORMATION
Company Name:	Project Name:
Street Address:	Project Number:
City, Province, Postal Code:	Office Number:
Fax Number:	Cell Phone:
Email:	Address:
CC Email:	

SAMPLE INFORMATION		
Number of Samples:		Date Results Required:
Priority: <input type="checkbox"/> Three Day Turnaround <input type="checkbox"/> Next Day Turnaround <input type="checkbox"/> Same Day Turnaround		
Invoice Required:		Submitted By:

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY APEX ONLY	Laboratory Reference Number:
Received by:	Date/Time:
Analyzed by:	Date/Time:

