

IRIS Environmental Laboratories

Lead Chain of Custody Form

Page ____ of ____

Company Name				Account #													
Company Address				City/State/Zip													
Phone				Email													
Project Name / Testing Address																	
PO Number				Collected By													
Turn-Around Time				5 Day 3 Day 2 Day													
Do Submitted Dust Wipe Samples Meet ASTM E1792 Requirements? ☐ Yes ☐ No NEW YORK CITY Pb DUST WIPE PROJECTS: Please use the NY/NYC Form																	
SAMPLE TYPES				SAMPLE LOCATION ABBREVIATIONS				SURFACE TYPE FOR DUST WIPES									
Dust Wipe	DW	Air	A	Family Room	FR	Front	F	1st FL	1	Bath	BA	Bedroom	BR	Floor	FL	Window Well	WW
Paint Chip	PC	Soil	S	Living Room	LR	Rear	R	2nd FL	2	Dining	DR	Basement	O	Carpet	CP	Window Sill	SL
Composite Soil	CS	Composite Wipe	CW	Den	DN	Left	LT	Right	RT	Kitchen	KT						

LAB NUMBER	Client Sample ID	Collection Date	Sample Type	Collection Location [LR, KT, BA,]	Surface Type	Area	Paint Chip		Air		
						Length X Width (In Inches) [Provide paint chip area only if results are needed in mg/cm²]	mg/cm²	% by weight	Total Time [minutes]	Flow Rate [L/min]	Total Volume [Liters]
1						X					
2						X					
3						X					
4						X					
5						X					
6						X					
7						X					
8						X					
9						X					
10						X					
11						X					
12						X					
13						X					
14						X					

Released By:	Date:	Time:
Signature:		

LAB USE ONLY – BELOW THIS LINE

Received By: _____

Signature: _____

Date: ____ / ____ / ____ Time: ____ : ____ ☐ AM ☐ PM

☐ Portal Contact Added

ATTENTION: Please send the samples to this address:
2333 US Hwy 22 West, Union NJ 07083 (908) 206-0073
