

LAB USE ONLY	
INVOICE:	_____
PROJECT:	_____
CLIENT:	_____

CHAIN OF CUSTODY RECORD AND ANALYSIS REQUEST

CLIENT NAME:	PROJECT INFORMATION:	REPORT TO (If other than Client):	INVOICE TO (If other than Client):
ADDRESS1:			
ADDRESS2:			
CITY / ST / ZIP:			
PHONE:	FAX:		

WEBSITE / EMAIL:	List total # of bottles per bottle type:
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FIELD ID (Optional)	DATE COLLECTED	TIME COLLECTED	SAMPLE ID / DESCRIPTION (List unique samples once)	MATRIX:	11	8	9	1	3	4	6	16	5	7	ANALYSIS REQUESTED	COMMENTS	LAB USE ONLY	
				DW, WW, NPW, GW, OTHER	VIAL	GL LITER	GLL + H2SO4	PL LITER	PLL + HNO3	PLL + H2SO4	PL250 + H2SO4	PL250	PL250 + HNO3	BACTERIA			T.A.T.: _____	TEMP: _____ °C
																		SAMPLE NO.

NOTES: FIELD ID: (Optional) List a Field ID if applicable. Not the sample as a unique Sample Label / Client ID. MATRIX: DW: Drinking Water; WW: Waste Water; NPW: Non-potable Water; GW: Ground Water; Other: Please list. BOTTLES: In the columns provided, list the number of sample bottles for each unique sample. ANALYSIS REQUESTED: Note that multiple analyses may be performed on each unique sample. *Please call 561.833.4200 for questions about this form.	RELINQUISHED BY (SIGN; PRINT INITIALS):	DATE:	TIME:	RECEIVED BY (SIGN; PRINT INITIALS):	DATE:	TIME:
	SAMPLED BY (SIGN; PRINT INITIALS):	CARRIER/WAYBILL ID#:				
	RELINQUISHED BY (SIGN; PRINT INITIALS):	DATE:	TIME:	RECEIVED BY (SIGN; PRINT INITIALS):	DATE:	TIME:
	RELINQUISHED BY (SIGN; PRINT INITIALS):	DATE:	TIME:	RECEIVED BY (SIGN; PRINT INITIALS):	DATE:	TIME: