Submit by Email | Print Form

EVERGLADES
Laboratories, Inc.

1602 Clare Avenue West Palm Beach, FL 33401 p: 561 833 4200 f: 561 833 7280 e: info@evergladeslabs.com www.evergladeslabs.com

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:		

FIELD ID (Optional)	DATE COLLECTED	TIME COLLECTED	SAMPLE LABEL / CLIENT ID (List unique samples once)	MATRIX: DW, WW, NPW, GW, OTHER	11 VIAL	8 GL LITER	9 GLL+H2SO4	1 PL LITER	3 PLL+HNO3	4 PLL+H2SO4	6 PL250+H2SO4	16 PL250	5 PL250+HNO3	7 BACTERIA		ANALYSIS REQUESTED	COMMENTS	LAB USE ONLY 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:

Form date: 08/05/08