

## Chain of Custody/Analysis Request Form

Project Desc. \_\_\_\_\_  
 Req. # \_\_\_\_\_  
 PO # \_\_\_\_\_

Custody and Sample Information - Print ALL information. Put N/A in blanks not applicable.

1. Clients Name/Address/Telephone No./Contact Person				2. Sampling Site Address and/or Project												Number of Containers	Indicate Analysis Requested						Laboratory Number
3. Sampled by (Print)			4. # of Samples in Shipment			5. Date of Sample Shipment				6. Date Results Needed													
Item No.	Sample Number	Station Location/ Sample ID	COMP	GRAB	Matrix					Method Preserved					Sampling Liters								
					WATER	SOIL	AIR	SLUDGE	OTHER	HCl	HNO <sub>3</sub>	H <sub>2</sub> SO <sub>4</sub>	ICE	NONE			OTHER						
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Released by (Signature)	Date/Time Released	Delivery Method	Received by (Signature)	Company/Agency Affiliation	Date/Time Received	Condition Noted
	/				/	
	/				/	

Please indicate turnaround time: Standard 10 D 5 D 72 HR 48 HR 24 HR (Must call for quick turn)

Comments: