

CHAIN OF CUSTODY / Analytical Request

The Chain of Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately and fully.

Tel: 812-273-6699

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Laboratory Number:

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Client Information:			Billing Information:			Matrix Code:		
Company Name:		PWS ID #		Quote Number		DWW = Drinking Water Well		
Contact Name:						DWS = Drinking Water Surface		
Address		NPDES #		P.O. Number		WW= Waste Water		
						GW= Ground Water		
City, State, Zip:		Project Name		Sales Manager		SL= Sludge		
Phone Number:				<input type="checkbox"/> Webb <input type="checkbox"/> Crook		SO = Solid/Soil		
Fax Number:						O = Oil		
E-mail Address:						OT = Other		

Regulatory Agency			Turn-Around Time (In Work Days)				Container		Pres.	Requested Analysis											
NPDES	RCRA	Drinking Water	Standard		Rush		Matrix Code	Glass (G) or Plastic (P)	Quantity	Na ₂ O ₂ , HCL, HNO ₃ , H ₂ SO ₄ , NaOH, Other, Unpreserved	Residual Chlorine										
UST	Health Dept.	<input type="checkbox"/> Distribution	10-15 Days	1 Day	3 Day	5 Day															
State	Other	<input type="checkbox"/> Special	The appropriate "Rush" must be circled and will incur a surcharge.																		
Sample ID/Description/Location			Lab ID	Collection Information																	
			Date	Time	Grab/Comp																
					<input type="checkbox"/> G / <input type="checkbox"/> C																
					<input type="checkbox"/> G / <input type="checkbox"/> C																
					<input type="checkbox"/> G / <input type="checkbox"/> C																
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Special Requests	Sampler Name and Signature				Sample Conditions			
<input type="checkbox"/> Forward results to IDEM (\$10/report) <input type="checkbox"/> Want ELI to composite the samples	Print Name of Sampler				Samples Intact	On Ice	Temp. (°C)	pH
	Signature of Sampler			Date/Time				
Comments	Relinquished By	Date/Time	Received By	Date/Time				
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		