

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

ACC#	Client Information:				Billing Information:				Matrix Code:				
Company Name:				NPDES #				Quote Number	DWW = Drinking Water Well				
Contact Name:								P.O. Number	DWS = Drinking Water Surface				
Address									WW= Waste Water	GW= Ground Water			
City, State, Zip:					Project Name					Sales Manager	SO = Solid/Soil/Sludge		
Phone Number:								Harsin	SW= Storm Water				
Fax Number:									O = Oil				
E-mail Address:									OT = Other _____				
Regulatory Agency			Turn Around Time (In Work Days)				Matrix Code	# of Containers	Container Size (mL)	Sample Volume (mL)	Location/Description	Preservation	Sample pH after preservation (checked by lab)
NPDES	RCRA	<u>Drinking Water</u>	Standard		Rush								
UST	Health Dept.	<input type="checkbox"/> Distribution	10-15 Days	1 Day	3 Days	5 Days							
State	Other	<input type="checkbox"/> Special	The appropriate "Rush" must be circled and will incur a surcharge.										
Requested Analysis			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								
					<input type="checkbox"/> G / <input type="checkbox"/> C								
Comments			Sampler Name and Signature						Sample Conditions				
			Sampler Name			Signature			Samples Intact?	On Ice?	Temp. (°C) (2-6 °C)		
			Relinquished By		Date/Time		Received By				Date/Time		<input type="checkbox"/> Y <input type="checkbox"/> N
If temperature QC failed, client was notified by ELI, Initials _____, Date & time _____. Client requested to resample _____, or Client requested ELI to proceed to run all tests _____. Client name authorizing tests _____, Date & time _____.											COC-1B		