

# CHAIN OF CUSTODY



|                |  |
|----------------|--|
| Name           |  |
| Company        |  |
| Address        |  |
| City/State/Zip |  |
| Phone          |  |
| FAX            |  |
| e-mail         |  |
| Project        |  |
| Reference/PO   |  |
| Collected By   |  |

COC Number \_\_\_\_\_

|                                   |                                   |                                   |                                   |                                |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| <b>Turnaround Time Requested:</b> |                                   |                                   | <b>Reporting Requirements:</b>    |                                |
| <input type="checkbox"/> Standard | <input type="checkbox"/> 5-Day    | <input type="checkbox"/> 3-Day    | <input type="checkbox"/> Standard | <input type="checkbox"/> TRRP  |
| <input type="checkbox"/> 2-Day    | <input type="checkbox"/> Next-Day | <input type="checkbox"/> Same-Day | <input type="checkbox"/> PST      | <input type="checkbox"/> _____ |

**Type/# of Sample Containers**

**Analysis Requested**

| VOA Vial HCL | VOA Vial unp | 4oz soil jar | 1L Amber Glass | 1L Plastic | 250mL HNO3 | BTEX-MTBE 8260 | TPH TX 1005 | PAH 8270 | Volatiles 8260 | Semivolatiles 8270 | RCRA 8 Metals | TCLP-8 Metals | TCLP-11 Metals | TCLP-Lead | Flashpoint | Chloride | pH | RCI | Lab # |
|--------------|--------------|--------------|----------------|------------|------------|----------------|-------------|----------|----------------|--------------------|---------------|---------------|----------------|-----------|------------|----------|----|-----|-------|
|              |              |              |                |            |            |                |             |          |                |                    |               |               |                |           |            |          |    |     |       |
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|              |              |              |                |            |            |                |             |          |                |                    |               |               |                |           |            |          |    |     |       |

| Sample Description | Date | Time | Matrix |
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| Relinquished By | Date | Time | Received By            | Date | Time | Comments:  |
| Relinquished By | Date | Time | Received By            | Date | Time |  |
| Relinquished By | Date | Time | Received By Laboratory | Date | Time |  |
|                 |      |      |                        |      |      | Actual Temp:           C           Ice present           Y / N |
|                 |      |      |                        |      |      | Corr. Temp:           C           IR Gun #                     |