Laboratory Services Division
Chain of Custody Form

Customer:	Program:	Sample Source:	Collected By:
Project:			
Name of Contact:	Phone No.:	FAX No.:	Report to:

Laboratory No.			Collection		Matrix	Container	Grab (**G**) or Comp (**C**)	Preservation Verification			List
Laboratory Use Only	Sample Identification	Bottle Suffix	Date	Time(s)		# / Type		Codes	pH SU	Temp ˚c	Analysis Requested
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Customer Comments

Laboratory Comments:

Received on ice: **YES or NO**
(circle one)

If sample is received outside holdtime/s or preservation requirements, initial to authorize analysis:_____

Date / Time:	Relinquished by:	Received by:

Matrix : **W** -Drinking Water **WW** -Wastewater **IW** -Industrial Waste
E -Environmental **S** -Sludge/Soil **H** -Hazardous/Contaminated

Preservation: F -Field, L -Lab **Plus:** (**1**)cool to 4°C (**2**)H_2SO_4 to pH<2 (**3**)HNO_3 to pH<2
(**4**)HCl to pH<2 (**5**)Na_2S20_3 (**6**)NaOH to pH>12 (**7**)None required (**8**)Other, as noted

Container: **L** -Liter **mL** -millilter **P**- Plastic **G** -Clear Glass **AG** -Amber Glass **B** -Bacti **WP** -Whirl Pak **VOA** -40ml vial **C** -Cubitainer