

CHAIN OF CUSTODY / ANALYSIS REQUEST (PLEASE COMPLETE ALL APPLICABLE SECTIONS)



Corporate
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 Burlington, WA 98233
1.800.755.9295

Microbiology
 805 W. Orchard Dr. Suite 4
 Bellingham, WA 98225

REPORT TO:	BILL TO:	FOR LAB USE ONLY
ADDRESS:	ADDRESS:	
CITY: STATE: ZIP:	CITY: STATE: ZIP:	REF#
ATTN:	PHONE: FAX:	CHECK REGULATORY PROGRAM <input type="checkbox"/> SAFE DRINKING WATER ACT <input type="checkbox"/> CLEAN WATER ACT <input type="checkbox"/> RCRA / CERCLA <input type="checkbox"/> OTHER
PHONE: FAX:	P.O.#: ATTN:	
EMAIL:	<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> A/E EXPIRES /	
PROJECT NAME:	CARD#	

ANALYSIS REQUESTED

INSTRUCTIONS

- USE ONE LINE PER SAMPLE.
- BE SPECIFIC IN TEST REQUESTS.
- CHECK OFF TESTS TO BE PERFORMED FOR EACH SAMPLE.
- ENTER NUMBER OF CONTAINERS.

TURN AROUND TIME REQUIRED					
<input type="checkbox"/>	STANDARD				
<input type="checkbox"/>	HALF-TIME (50% SURCHARGE)				
<input type="checkbox"/>	QUICKEST (100% SURCHARGE)				
<input type="checkbox"/>	OTHER				

	SAMPLE ID	LOCATION	GRAB/COMP.	MATRIX	DATE	TIME								NUMBER OF CONTAINERS	SPECIAL INSTRUCTIONS/CONDITIONS ON RECEIPT
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SAMPLED BY:	PHONE:	FAX:	EMAIL:	◀ TOTAL CONTAINERS
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SAMPLE RECEIPT REQUESTED (MUST INCLUDE FAX OR EMAIL)

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME

CUSTODY SEALS INTACT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
SAMPLE TEMP _____°C SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAMPLES RECEIVED INTACT	<input type="checkbox"/>	<input type="checkbox"/>	
CHAIN OF CUSTODY & LABELS AGREE	<input type="checkbox"/>	<input type="checkbox"/>	