

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



Report To:	Billing Email:
Address:	Bill To:
City: State: Zip:	Address
Attn:	City: State: Zip:
Phone: Fax:	Phone: P.O.#:
Report Email:	Card: VISA M/C Expires:
Project Name:	Card#:

**FOR LAB USE**

REF# \_\_\_\_\_

**CHECK REGULATORY PROGRAM**

Safe Drinking Water Act

Clean Water Act

RCRA / CERCLA

Other

**ANALYTICAL**

**Main Lab (800-755-9295)**  
1620 South Walnut St. Burlington, WA 98233

**Microbiology (888-725-1212)**  
805 W. Orchard Dr. Suite 4 Bellingham, WA 98225

**Portland Lab (503-682-7802)**  
9150 SW Pioneer Ct. Suite W Wilsonville, OR 97070

**Corvallis Lab (541-753-4946)**  
540 SW 3<sup>rd</sup> St. Corvallis, OR 97333

**Bend Lab (541-639-8425)**  
20332 Empire Ave. Suite F4 Bend, OR 97703

**INSTRUCTIONS "PLEASE READ"**

1. Use one line per sample location.
2. Be specific in test requests.
3. List each metal individually.
4. Check off analysis to be performed for each sample location.
5. Enter number of containers.

**Turn Around Time Required**

Standard

Half-Time (50% Surcharge)

Quickest (100% Surcharge) Phone Call Req.

Emergency (Phone Call Required)

## Analysis Requested

Sample ID	Location	Sample Matrix (See Below)	Grab or Composite	Date	Time	Analysis Requested							Number Of Containers	Special Instruction/ Conditions on Receipt
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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** \_\_\_\_\_

Sample Receipt requested (Must include FAX or Email)

**\* Sample Matrix**

**W** - Water      **SW** - Surface Water      **WW** - Wastewater      **OL** - Oil  
**DW** - Drinking Water      **GW** - Ground Water      **S** - Soil      **Other** \_\_\_\_\_

Relinquished By	Date	Time	Received By	Date	Time

	Yes	No	N/A
Custody Seals Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample Temp _____ C Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Of Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samples Received Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chain Of Custody & Labels Agree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>