

CHAIN OF CUSTODY / REQUEST FOR ANALYSIS DOCUMENT

CLIENT NAME/ADDRESS		CONTACT:		SAMPLER (SIGNATURE)		DATE		TIME		SAMPLE(S) SEALED		LABORATORY CHAIN ID # (FOR LAB USE ONLY)										
		PHONE:		SAMPLER NAME (PRINT)		DATE		TIME		YES / NO												
		FAX:								CORRECT CONTAINER(S)												YES / NO
PROJECT LOCATION:										SAMPLES RECEIVED AT		ANALYSIS REQUIRED										
TERMS & CONDITIONS: Accounts are payable in full within thirty days, outstanding balances accrue service charges of 1.5% per month. Tendering of samples to LIAL for analytical testing constitutes agreement by buyer/sampler to LIAL's Standard terms										°C												
LABORATORY ID # <small>For Laboratory Use Only</small>	MATRIX	TYPE	PH	PRES.	CHLORINE	DATE	TIME	SAMPLE # LOCATION												# OF CONTAINERS		
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						
11.																						
12.																						
13.																						
14.																						
MATRIX: S=SOIL; SL=SLUDGE; DW=DRINKING WATER; A=AIR; W=WIPE; PC=PAINT CHIPS; BM= BULK MATERIAL, O=OIL, WW=WASTE WATER TYPE: G=GRAB; C=COMPOSITE; SS=SPLIT SPOON PRES: (1) ICE; (2) HCL; (3) H ₂ SO ₄ ; (4) NAOH; (5) NA ₂ S ₃ O ₃ ; (6) HNO ₃ ; (7) OTHER								TURNAROUND REQUIRED: <input type="checkbox"/> NORMAL <input type="checkbox"/> STAT BY / /		COMMENTS / INSTRUCTIONS												
RELINQUISHED BY (SIGNATURE)		DATE TIME		PRINTED NAME				RECEIVED BY (SIGNATURE)		DATE TIME		PRINTED NAME										
RELINQUISHED BY (SIGNATURE)		DATE TIME		PRINTED NAME				RECEIVED BY SAMPLE CUSTODIAN		DATE TIME		PRINTED NAME										