



Chain of Custody Form

REPORT TO:				INVOICE TO: (IF DIFFERENT FROM REPORT)												PROJECT INFORMATION							
Client: _____				Client: _____												Quote No.: _____							
Address: _____				Address: _____												Client PO: _____							
Contact: _____				Contact: _____												Client Project: _____							
Email: _____				Email: _____																			
Phone: _____ Fax: _____				Phone: _____ Fax: _____																			
Reporting/Invoicing Format <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				Analysis Requested												LAB USE ONLY							
QC Data Reported <input type="checkbox"/> Yes <input type="checkbox"/> No																Turn Around Time (TAT)* <input type="checkbox"/> Next Day <input type="checkbox"/> 2 Business Day <input type="checkbox"/> 3 Business Day <input type="checkbox"/> Standard				Number of Containers			
Sample Disposal <input type="checkbox"/> Hold <input type="checkbox"/> Dispose <input type="checkbox"/> Return				Specific Date: _____ *Advanced notice required for Rush Analysis				Field pH (if applicable)				Field Temp (if applicable)				Metals Field Filtered (Y/N)							
SAMPLING				SAMPLE DESCRIPTION (This Will Appear On The Report)																Temp		Lab ID	
Date (mm-dd-yy)	Time	Matrix**																					
**Matrix: B=Biota, DW=Drinking Water, GW=Ground Water, P=Paint, S=Soil, SD=Sediment, SL=Sludge, SW=Surface Water, WW=Wastewater				Comments:																			
Sampled By		Date	Time																				
Received By		Date	Time																				
Relinquished to IAL By (Signature)		Date	Time	Shipped By				Shipping Reference															
				Received at IAL By				Date		Time													