eurofins | QC

CHAIN OF CUSTODY

Page ____ of ____

Lab LIMS No:

702 Electronic Drive	Phone: 215-355-3900
Horsham, PA 19044-0962	Fax: 215-355-7231
Client/Acct. No.	
Address	
City/State/Zip	
Phone/Fax	
Client Contact:	

Bill to/Report to (if different)

Sampling Site Address (if different) Include State

P.O. No. PWSID #:

Quote #

e-mail:

LAB USE ONLY:

____ Ascorbic/HCL Vials # ____ HCl Vials
____ $Na_2S_2O_3$ _____
____ Na OH/Zn acetate pH _____
____ HNO_3 pH _____
____ H_2SO_4 pH _____
____ NaOH pH _____
____ Unpreserved
____ HCl # _____NH4Cl # _____MeOH
_____ DI Water

MATRIX CODES

DW: DRINKING WATER
GW: GROUND WATER
WW: WASTEWATER
SO: SOIL
SL: SLUDGE
OIL: OIL
SOL: NON SOIL SOLID
MI: MISCELLANEOUS
X: OTHER

LAB USE ONLY

PROJECT / FIELD ID	Collection Date	Collection Military Time	GRAB	COMP	Matrix Code	Number of Containers Total	H_2SO_4	HCl	Vials	HNO_3	NaOH	ZnAc	UNPRE	BACT		ANALYSIS REQUESTED	Field pH, Temp (°C), DO, Cl2, Cond. etc.

SAMPLED BY: (Name/Company)

TAT: ☐ STANDARD (10 DAY)
or DUE DATE_____/_____/_____

Report Format: ☐ Standard ☐ NJ-RDD ☐ SRP-RDD
☐ Standard + QC ☐ Forms ☐ EDD

Please call for pricing and availability for rush (<10 day) turnaround and for all but standard reporting format.

Field Parameters Analyzed By:
Initials | Date/Time:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER	DATE	TIME	RECEIVED BY	DATE	TIME
1.			1.		
RELINQUISHED BY 2.	DATE	TIME	RECEIVED BY 2.	DATE	TIME
RELINQUISHED BY 3.	DATE	TIME	RECEIVED BY 3.	DATE	TIME
RELINQUISHED BY 4.	DATE	TIME	RECEIVED BY 4.	DATE	TIME
RELINQUISHED BY 5.	DATE	TIME	RECEIVED BY 5.	DATE	TIME

DELIVERY: ☐ EQC COURIER ☐ CLIENT
☐UPS ☐FEDEX ☐OTHER _____

Custody Seal Number

Rec'd Temp.: _____ Initials: _____ Ice Y / N Location:____
COMMENTS:

Hazardous: yes / no