

## ORGANICS CHAIN OF CUSTODY

## Open Lab Fee

Eurofins J3 Order # (Lab use only)

<b>Submitter Name:</b> _____		<b>Bill to:</b> _____	
<b>Company:</b> _____		<b>Address:</b> _____	
<b>Address:</b> _____		_____	
_____		<b>City/State:</b> _____ <b>Zip:</b> _____	
<b>City/State:</b> _____	<b>Zip:</b> _____	<b>PO #:</b> _____	

## Project Information

Project Name:		Project Manager:	
Project #:		Telephone – Office/Cell:	
Reports - Email Address:			
Invoice - Email Address:		Notification By:    Email: <input type="checkbox"/> Verbal: <input type="checkbox"/>	

**Special Instructions:**

### Turnaround Times – Please Select One

[illegible]

**Total Number of Samples Submitted:**

## Signatures

Relinquished By:	_____	Date:	_____	Time:	_____
Received By:	_____	Date:	_____	Time:	_____
Relinquished By:	_____	Date:	_____	Time:	_____
Received By:	_____	Date:	_____	Time:	_____

\* Emergency TAT requires prior lab notification. All samples analyzed outside normal business hours are charged at Emergency rate.

**\*\*TAT's are in Business Days rather than Hours (i.e.1 Day TAT = End of Next Business Day)**

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## ORGANICS CHAIN OF CUSTODY

**Project Name** \_\_\_\_\_

**Project Number** \_\_\_\_\_

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## SAMPLE IDENTIFICATION

Sample Identification	Date Sampled	Collection Medium (Filter, Tube, Badge)	Volume, Time, Area	Units (L, ml, min, in², cm², ft²)	Analysis	Method
Comments/Special Instructions:						