Eurofins Lancaster Laboratories Env, LLC
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Lancaster, PA 17601
Phone (717) 656-2300

Chain of Custody Record

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Client Information	Sampler:	Lab PM:	Carrier Tracking No(s):	COC No:
Client Contact:	Phone:	E-Mail:	State of Origin:	Page:

Company:	PWSID:	**Analysis Requested**	Job #:

Address:	**Due Date Requested:**
City:	**TAT Requested (days):**
State, Zip:	**Compliance Project:** Δ **Yes** Δ **No**
Phone:	PO #:
Email:	WO #:
Project Name:	Project #:
Site:	SSOW#:

Preservation Codes:

A - HCL	M - Hexane
B - NaOH	N - None
C - Zn Acetate	O - AsNaO2
D - Nitric Acid	P - Na2O4S
E - NaHSO4	Q - Na2SO3
F - MeOH	R - Na2S2O3
G - Amchlor	S - H2SO4
H - Ascorbic Acid	T - TSP Dodecahydrate
I - Ice	U - Acetone
J - DI Water	V - MCAA
K - EDTA	W - pH 4-5
L - EDA	Z - other (specify)

Other:

Sample Identification	**Sample Date**	**Sample Time**	**Sample Type (C=Comp, G=grab)**	**Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)**	**Field Filtered Sample (Yes or No)**	**Perform MS/MSD (Yes or No)**													**Total Number of containers**	**Special Instructions/Note:**
			Preservation Code:																	

Possible Hazard Identification
☐ *Non-Hazard* ☐ *Flammable* ☐ *Skin Irritant* ☐ *Poison B* ☐ *Unknown* ☐ *Radiological*

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
☐ *Return To Client* ☐ *Disposal By Lab* ☐ *Archive For _____ Months*

Deliverable Requested: I, II, III, IV, Other (specify)

Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:

Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks: