

**Main Lab (800-755-9295)**

1620 South Walnut St. Burlington, WA 98233

**Microbiology (360-715-1212)**

805 W. Orchard Dr. Suite 4 Bellingham, WA 98225

**Wilsonville Lab (503-682-7802)**

9725 SW Commerce Cir. Ste A2 Wilsonville, OR 97070

**Corvallis Lab (541-753-4946)**

1100 NE Cirde Blvd, Ste 130, Corvallis, OR 97330

**Bend Lab (541-639-8425)**

20332 Empire Ave Ste F4, Bend, OR 97703

# Chain of Custody / Analysis Request

(Please complete all applicable shaded sections)

Report to:	Bill to:	<b>For Lab Use Only</b> Ref #
Ship Address:	Address:	
City: St: Zip:	City: St: Zip:	<b>Check Regulatory Program</b> <input type="checkbox"/> Safe Drinking Water Act <input type="checkbox"/> Clean Water Act <input type="checkbox"/> RCRA / CERCLA <input type="checkbox"/> Other
Attn:	Phone: FAX:	
Phone: FAX:	P.O.#: Attn:	
Email:		
Project		

1. Use one line per sample Location.
2. Be specific in analysis requests.
3. List each metal individually
4. Check off analyses to be performed for each sample Location.
5. Enter number of containers.
6. **(NEW)** Report to \_\_\_ MDL or \_\_\_ PQL **(NEW)**

## Analyses Requested

### Turn Around Time Required

- ☐ Standard  
☐ Half-time (50% surcharge)  
☐ Quickest (100% surcharge) Phone Call Req.  
☐ Emergency (Phone Call Req.)

Field ID	Location	Grab/Comp.	Sample Matrix*	Date	Time												Number of Containers	Special Instructions Conditions on Receipt
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>**Are there known hazardous or dangerous wastes in these samples? YES / NO If YES, indicate type on reverse of this form; samples may be returned to you.</b>																	Total Containers	

Sampled by: Phone: FAX: Email:

Sample Receipt Request (Must include FAX or Email)



\* **W** - water      **SW** - surface water      **WW** - waste water      **SL** - salt water  
**DW** - drinking water      **ST** - storm water      **S** - soil      **OL** - oil

Other:

**Relinquished by	Date	Time	Received by	Date	Time		Yes	No	N/A
						Custody seals intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Sample temp ____ C° satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Samples received intact	<input type="checkbox"/>	<input type="checkbox"/>	
						Chain of custody & labels agree	<input type="checkbox"/>	<input type="checkbox"/>	