

Page: \_\_\_\_\_ of \_\_\_\_\_  
 Project #: \_\_\_\_\_  
 GEL Quote #: \_\_\_\_\_  
 COC Number (1): \_\_\_\_\_  
 PO Number: \_\_\_\_\_

# GEL Chain of Custody and Analytical Request

\*\*See www.gel.com for GEL's Sample Acceptance SOP\*\*

GEL Laboratories, LLC  
 2040 Savagc Road  
 Charleston, SC 29407  
 Phone: (843) 556-8171  
 Fax: (843) 766-1178

**GEL Work Order Number:** \_\_\_\_\_

Client Name: _____		Phone #: _____		<b>Sample Analysis Requested (6)</b> (Fill in the number of containers for each test)																			
Project/Site Name: _____		Fax #: _____		Should this sample be considered:	<- Preservative Type (6)																		
Address: _____					<b>Comments</b> Note: extra sample is required for sample specific QC																		
Collected by: _____		Send Results To: _____		Radi oacti ve													TSC A Regu lated	ber of					
Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (3)		Field Filtered (2)	Sample Matrix (4)																	
4.2A.R.3.1	12-2-15																						
4.2A.R.3.2	12-2-15																						
4.2A.R.4.1	12-2-15																						
4.2A.R.4.2	12-2-15																						
4.2A.R.4.5	12-2-15																						
4.2A.R.4.6	12-2-15																						
4.2B.R.11.1	12-2-15																						
4.2B.R.11.2	12-2-15																						
4.2B.R.10.1	12-2-15																						
4.2B.R.10.2	12-2-15																						

TAT Requested: Normal: \_\_\_\_\_ Rush: \_\_\_\_\_ Specify: \_\_\_\_\_ (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

**Remarks:** Are there any known hazards applicable to these samples? If so, please list the hazards \_\_\_\_\_

Sample Collection Time Zone  
 Eastern Pacific  
 Central Other \_\_\_\_\_  
 Mountain

Chain of Custody Signatures						Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time	GEL PM:		Date Shipped:	
1			1			Method of Shipment:		Date Shipped:	
2			2			Airbill #:			
3			3			Airbill #:			

- 1.) Chain of Custody Number - Client Determined
- 2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
- 3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered.
- 4.) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=
- 5.) Sample Analysis Requested: Analytical method requested (i.e. 8160B, 6010B/7470A) and number of containers provided for each (i.e. 8160B - 3, 6010B/7470A - 1)
- 6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane ST = Sodium Thiosulfate, if no preservative is added = leave field blank

<i>For Lab Receiving Use Only:</i>
Custody Seal Intact? YES NO
Cooler Temp. C

**WHITE = LABORATORY      YELLOW = FILE      PINK = CLIENT**

Page: \_\_\_\_\_ of \_\_\_\_\_  
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Project/Site Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Collected by: \_\_\_\_\_ Send Results To: \_\_\_\_\_

Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (3)	Field Filtered (2)	Sample Matrix (4)	Radiative	TSC A Regulated	per of
4.2B.R.12.1	12-2-15							
4.2B.R.12.2	12-2-15							
SN1B.19.1	12-2-15							
SN1B.19.2	12-2-15							
SN1B.19.3	12-2-15							
SN1B.22.1	12-2-15							
SN1B.22.2	12-2-15							
4.5C.R.1.1	12-2-15							
4.5C.R.1.2	12-2-15							

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Should this sample be considered:

TSC A Regulated per of

<-- Preservative Type (6)

**Comments**  
 Note: extra sample is required for sample specific QC

TAT Requested: Normal: \_\_\_\_\_ Rush: \_\_\_\_\_ Specify: \_\_\_\_\_ (Subject to Surcharge) Fax Results: Yes / No

Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone  
 Eastern Pacific  
 Central Other \_\_\_\_\_  
 Mountain

### Chain of Custody Signatures

### Sample Shipping and Delivery Details

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

GEL PM: \_\_\_\_\_  
 Method of Shipment: \_\_\_\_\_ Date Shipped: \_\_\_\_\_  
 Airbill #: \_\_\_\_\_  
 Airbill #: \_\_\_\_\_

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Custody Seal Intact?  
 YES NO

Cooler Temp:  
 C

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Page _____ of _____	<b>GEL Chain of Custody and Analytical Request</b>	GEL Laboratories, LLC 2040 Savage Road Charleston, SC 29407 Phone: (843) 556-8171 Fax: (843) 766-1178
Project #:	**See www.gel.com for GEL's Sample Acceptance SOP**	
GEL Quote #:		
COC Number (1):	<b>GEL Work Order Number:</b>	
PO Number:		

Client Name:	Phone #:	<b>Sample Analysis Requested (5)</b> (Fill in the number of containers for each test)																			
Project/Site Name:	Fax #:	Should this sample be considered	Radi	TSC	A	Regu	lated	per of													← Preservative Type (6)
Address:																					<b>Comments</b> Note: extra sample is required for sample specific QC
Collected by:	Send Results To:																				
Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (1)	Field Filtered (1)	Sample Matrix (1)																
4.2B.R.13.1	12-3-15																				
4.2B.R.13.2	12-3-15																				
4.2B.R.9.1	12-3-15																				
4.2B.R.9.2	12-3-15																				
4.2B.R.15.1	12-3-15																				
4.2B.R.15.2	12-3-15																				
4.2B.R.16.1	12-3-15																				
4.2B.R.16.2	12-3-15																				
4.2B.R.14.1	12-3-15																				
4.2B.R.14.2	12-3-15																				

TAT Requested: Normal:    Rush:    Specify: (Subject to Surcharge)    Fax Results:    Yes /    No    Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

	<b>Sample Collection Time Zone</b> Eastern    Pacific Central    Other ..... Mountain
--	--

Chain of Custody Signatures						Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time	GEL PM:			
1			1			Method of Shipment:		Date Shipped:	
2			2			Airbill #			
3			3			Airbill #			

- 1.) Chain of Custody Number - Client Determined
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- 3.) Field Filtered - For liquid matrices, indicate with a Y - for yes the sample was field filtered or - N - for sample was not field filtered.
- 4.) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Gil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=N
- 5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. \*260B - 3, 6010B/7470A - 1).
- 6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate. If no preservative is added - leave field blank

<i>For Lab Receiving Use Only</i>
Custody Seal Intact? YES    NO
Cooler Temp. C

WHITE = LABORATORY                      YELLOW = FILE                      PINK = CLIENT

Page: \_\_\_\_\_ of \_\_\_\_\_  
 Project #:  
 GEL Quote #:  
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## GEL Chain of Custody and Analytical Request

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 Phone: (843) 556-8171  
 Fax: (843) 766-1178

**GEL Work Order Number:**

Client Name:		Phone #:		Sample Analysis Requested (5) (Fill in the number of containers for each test)													
Project/Site Name:		Fax #:		Should this sample be considered:	← Preservative Type (6)												
Address:					<b>Comments</b> Note: extra sample is required for sample specific QC												
Collected by:		Send Results To:		Radi- active													TSC A Regu- lated
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (7)		Field Filtered (8)	Sample Matrix (9)											
* For composites - indicate start and stop date/time																	
4.2B.R.18.1	12-3-15																
4.2B.R.18.2	12-3-15																
4.2B.R.16.5	12-3-15																
4.2B.R.18.6	12-3-15																
4.2B.R.17.1	12-3-15																
4.2B.R.17.2	12-3-15																
4.2B.R.17.5	12-3-15																

TAT Requested: Normal:  Rush:  Specify (Subject to Surcharge)  Fax Results: Yes / No  Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone	
Eastern	Pacific
Central	Other .....
Mountain	

Chain of Custody Signatures				Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time		
1			1			GEL PM:	
2			2			Method of Shipment: _____ Date Shipped: _____	
3			3			Airbill #:	

- 1) Chain of Custody Number - Client Determined
- 2) QC Codes: N = Normal Sample, TB = Trip Blank, FB = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
- 3) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
- 4) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=...
- 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1).
- 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate. If no preservative is added = leave field blank

For Lab Receiving Use Only

Custody Seal Intact?	
YES	NO
Cooler Temp.	
C	

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PINK = CLIENT

Page: \_\_\_\_\_ of \_\_\_\_\_  
 Project #:  
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 COC Number (1):  
 PO Number:

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GEL Work Order Number:

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Project/Site Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Should this sample be considered

<-- Preservative Type (6)

Address: \_\_\_\_\_

Collected by: \_\_\_\_\_ Send Results To: \_\_\_\_\_

Sample ID <i>* For composites - indicate start and stop date/time</i>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (3)	Field Filtered (4)	Sample Matrix (5)	Radiative	TSC A Regulated	per of
4.5B.R.2.1	12-7-15							
4.5B.R.2.2	12-7-15							
4.5B.R.2.3	12-7-15							
4.5B.R.2.4	12-7-15							
4.5B.R.1.1	12-7-15							
4.5B.R.1.2	12-7-15							
4.5B.R.1.3	12-7-15							
4.5B.R.1.4	12-7-15							
4.2C.R.2.1	12-7-15							
4.2C.R.2.2	12-7-15							
4.2C.R.2.5	12-7-15							

Comments  
 Note: extra sample is required for sample specific QC

TAT Requested: Normal: \_\_\_\_\_ Rush: \_\_\_\_\_ Specify: \_\_\_\_\_ (Subject to Surcharge) Fax Results: Yes / No

Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone  
 Eastern Pacific  
 Central Other \_\_\_\_\_  
 Mountain

### Chain of Custody Signatures

### Sample Shipping and Delivery Details

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

GEL PM:

Method of Shipment:

Date Shipped:

Airbill #:

Airbill #:

1.) Chain of Custody Number - Client Determined

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For Lab Receiving Use Only:

Custody Seal Intact?

YES NO

Cooler Temp:

C

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YELLOW = FILE

PINK = CLIENT

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GEL Work Order Number:

Client Name:		Phone #:		Sample Analysis Requested (5) (Fill in the number of containers for each test)														
Project/Site Name:		Fax #:		Should this sample be considered	--- Preservative Type (6)													
Address:					<b>Comments</b> Note: extra sample is required for sample specific QC													
Collected by:		Send Results To:		Radiactive													TSC A Regulated	ber of
Sample ID		*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)		QC Code (4)	Field Filtered (6)	Sample Matrix (6)											
* For composites - indicate start and stop date/time																		
4.2.B.R.4.1		12/7/15																
4.2.B.R.4.2		12/7/15																
4.2.B.R.5.1		12/7/15																
4.2.B.R.5.2		12/7/15																
4.2.B.R.6.1		12/7/15																
4.2.B.R.6.2		12/7/15																
4.2.B.R.7.1		12/7/15																
4.2.B.R.7.2		12/7/15																
4.2.B.R.8.1		12/7/15																
4.2.B.R.8.2		12/7/15																
4.2.B.R.8.5		12/7/15																

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

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Sample Collection Time Zone	
Eastern	Pacific
Central	Other _____
Mountain	

Chain of Custody Signatures						Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time	GEL PM:			
1			1			Method of Shipment:		Date Shipped	
2			2			Airbill #:			
3			3			Airbill #:			

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For Lab Receiving Use Only

Custody Seal Intact?
YES _____ NO _____
Cooler Temp.
C

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Project/Site Name:	Fax #:	Should this sample be considered																		<-- Preservative Type (6)
Address:																				

Collected by:	Send Results To:	Comments Note: extra sample is required for sample specific QC

Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (3)	Field Filtered (5)	Sample Matrix (4)	Radi oac ti ve	TSC A Regu lated	ber of														
4.2B.R.3.1	12-8-15																					
4.2B.R.3.2	12-8-15																					
4.2B.R.3.3	12-8-15																					
4.2B.R.3.4	12-8-15																					
4.2B.R.3.5	12-8-15																					
4.2B.R.3.6	12-8-15																					
4.2B.R.3.7	12-8-15																					

4.2B.R.3.7  
 NEVER SHIPPED,  
 SA NOT IN CABINET

TAT Requested: Normal: \_\_\_\_\_ Rush: \_\_\_\_\_ Specify: \_\_\_\_\_ (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C \_\_\_\_\_

**Remarks:** Are there any known hazards applicable to these samples? If so, please list the hazards

Chain of Custody Signatures					
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time

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Custody Seal Intact? YES / NO
Cooler Temp: C

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