



Page: \_\_\_\_\_ of \_\_\_\_\_  
 Project #:  
 GEL Quote #:  
 COC Number (3):  
 PO Number

## GEL Chain of Custody and Analytical Request

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

GEL Laboratories, LLC  
 2040 Savage Road  
 Charleston, SC 29407  
 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: \_\_\_\_\_

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

Comments  
 Note: extra sample is required for sample specific QC

Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (9)	Field Filtered (1)	Sample Matrix (2)	Radiative	TSC A Regulated	ber of
A 5.5A.R.4.1A, 5.5A.R.4.1B	12-14-15							
5.5A.R.4.2A, 5.5A.R.4.2B	12-14-15							
5.1B.R.1.1A, 5.1B.R.1.1B	12-14-15							
5.1B.R.1.2A, 5.1B.R.1.2B	12-14-15							
5.1B.R.2.1A, 5.1B.R.2.1B	12-14-15							
5.1B.R.2.2A, 5.1B.R.2.2B	12-14-15							
5.1A.R.2.1A, 5.1A.R.2.1B	12-14-15							
5.1A.R.2.2A, 5.1A.R.2.2B	12-14-15							
5.1A.R.2.3	12-14-15							
5.2A.R.2.7	12-14-15							

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

\* Each line is 1 sample - A 500ml, B 500ml

### Chain of Custody Signatures

### Sample Shipping and Delivery Details

Reinquished 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 Numbers - 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. 8260B, 6010B/7470A) and number of constituents 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 = Maxima ST = Sodium Thiosulfate. If no preservative is added = leave field blank

For Lab Receiving Use Only

Custody Seal Intact?

YES NO

Cooler Temp.

C

WHITE = LABORATORY

YELLOW = FILE

PINK = CLIENT

Page: \_\_\_\_\_ of \_\_\_\_\_  
 Project #: \_\_\_\_\_  
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 Charleston, SC 29407  
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Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Project/Site Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

Should this sample be considered

<-- Preservative Type (6)

**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) (hh:mm)	QC Code (3)	Field Filtered (3)	Sample Matrix (3)	Radi active	TSC A Regulated	ber of										
5.6A.R.1.1	12/17/15																	
5.6A.R.1.2	12/17/15																	
5.6A.R.1.3	12/17/15																	
5.6A.R.1.4	12/17/15																	
5.6A.R.1.5	12/17/15																	
5.6A.R.1.6	12/17/15																	
5.5A.R.1.1	12/17/15																	
5.5A.R.1.2	12/17/15																	
5.5A.R.1.3	12/17/15																	
5.5A.R.1.4	12/17/15																	

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					
Reinquished By (Signed)	Date	Time	Received by (signed)	Date	Time

Sample Shipping and Delivery Details	
GEL PM:	
Method of Shipment:	Date Shipped:
Airbill #:	
Airbill #:	

- 1.) Chain of Custody Number - Client Determined
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- 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

WHITE = LABORATORY      YELLOW = FILE      PINK = CLIENT

