

Field Copy

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 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

GEL Work Order Number: _____

Client Name: _____		Phone #: _____		Sample Analysis Requested (6) (Fill in the number of containers for each test)													
Project/Site Name: _____		Fax #: _____		Should this sample be considered _____	← Preservative Type (6)												
Address: _____					Comments Note: extra sample is required for sample specific QC												
Collected by: _____		Send Results To: _____		Radi oactive													TSC A Regulated
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (4)		Field Filtered (5)	Sample Matrix (6)											
* For composites - indicate start and stop date/time																	
C.2.C1 ✓	10/27/15	10:35	N														
C.2.C2 ✓	10/27/15	10:40	N														
C.2.C3 ✓	10/27/15	10:45	N														
C.2.C4 ✓	10/27/15	10:55	N														
C.2.C5 ✓	10/27/15	11:00	FD														
C.1.C1 ✓	10/27/15	11:50	N														
C.1.C2 ✓	10/27/15	15:00	N														
C.1.C3 ✓	10/27/15	15:15	N														
C.1.C5 ✓	10/27/15	16:00	EB														

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:					
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. 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

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

For Lab Receiving Use Only
 Custody Seal Intact?
 YES NO
 Cooler Temp
 C

Entered to COC 10-27-15

Field Copy

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

Client Name:	Phone #:	Sample Analysis Requested (5) (Fill in the number of containers for each test)									
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Project/Site Name:	Fax #:	Should this sample be considered											Preservative Type (6)
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Address:												Comments Note: extra sample is required for sample specific QC
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Collected by:	Send Results To:										
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Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (7)	Field Filtered (8)	Sample Matrix (9)	Radi active	TSC A Regulated	ber of										
✓ C.3.C1	11/2/15	9:30	N															
✓ C.3.C2	11/2/15	9:35	N															
✓ C.3.C3	11/2/15	9:40	N															
C.4.C1	11/2/15	1140	N															
C.4.C2	11/2/15	1155	N															
C.4.C3	11/2/15	1202	N															
C.4.C5	11/2/15	145	FD															
C.4.R6	11/2/15	1300	EB															

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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 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 = Pipe, 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, 6910B/7470A - 1).
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For Lab Receiving Use Only	
Crustody Seal Intact?	YES / NO
Cooler Temp:	C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT