

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 Work Order Number: _____

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

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:																							
Collected by:		Send Results To:		Radiative	TSC A Regulated	ber of												Comments Note: extra sample is required for sample specific QC					
Sample ID <i>* For composites - indicate start and stop date/time</i>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (3)				Field Filtered (y)	Sample Matrix (4)															
4.3B.R.5.1	11-18-15																						
4.3B.R.5.2	11-18-15																						
4.3B.R.11.1	11-18-15																						
4.3B.R.11.2	11-18-15																						
4.3B.R.18.1	11-18-15																						
4.3B.R.18.2	11-18-15																						
4.3B.R.12.1	11-18-15																						
4.3B.R.12.2	11-18-15																						
4.3B.R.17.1	11-18-15																						
4.3B.R.17.2	11-18-15																						

TAT Requested: Normal: _____ Rush: _____ Specify: _____ (Subject to Surcharges) 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. 8160B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
 6) Preservative Type: BA = 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

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

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	Radi oacti ve	TSC A Regu lated	Ber of	1	2	3	4	5	6	7	8	9	10	11	12	← Preservative Type (6)	
Address:		Send Results To:																		Comments Note: extra sample is required for sample specific QC	
Collected by:		*Date Collected (mm-dd-yy)		*Time Collected (Military) (hhmm)		QC Code (7)		Field Filtered (9)		Sample Matrix (6)											
Sample ID <i>* For composites - indicate start and stop date/time</i>																					
4.3B.R.16.1		11-19-15																			
4.3B.R.16.2		11-19-15																			
4.3B.R.10.1		11-19-15																			
4.3B.R.10.2		11-19-15																			

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:					
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, 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 = Milk 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

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

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

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: _____					TSC A Regulated _____											Comments 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 (7)	Field Filtered (8)	Sample Matrix (9)	Radiation	TSC A Regulated	Per of										
4.3A.R.4.1	11-20-15																	
4.3A.R.4.2	11-20-15																	
4.3A.R.4.5	11-20-15																	
4.3A.R.4.6	11-20-15																	
4.3A.R.3.1	11-20-15																	
4.3A.R.3.2	11-20-15																	
4.3B.R.7.1	11-20-15																	
4.3B.R.7.2	11-20-15																	
4.3B.R.7.5	11-20-15																	

TAT Requested: Normal _____ Rush _____ Specify: _____ (Subject to Surchage) 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, C - Urine, F - Fecal, N - N/A
- 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, NA - 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

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

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:																		Comments Note: extra sample is required for sample specific QC								
Collected by:						Send Results To:						Radi active	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 (2)	Field Filtered (3)	Sample Matrix (4)																			
4.3B.R.20.1		11-2015																								
4.3B.R.20.2		11-2015																								
4.3B.R.20.5		11-2015																								
4.3B.R.20.6		11-2015																								
4.3B.R.15.1		11-2015																								
4.3B.R.15.2		11-2015																								
4.3B.R.9.1		11-2015																								
4.3B.R.9.2		11-2015																								
4.3B.R.8.1		11-2015																								
4.3B.R.8.2		11-2015																								

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
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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 - 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, NA - Nitric Acid, SH - Selenium 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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 2040 Savage Road
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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:					Comments 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) (hh:mm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Radiactive	TSC A Regulated	Der 05										
4.3 B R. 19.1	11/20/15																	
4.3 B R. 19.2	11/20/15																	
4.3 B R. 13.1	11/20/15																	
4.3 B R. 13.2	11/20/15																	
4.3 B R. 6.1	11/20/15																	
4.3 B R. 6.2	11/20/15																	
4.3 B R. 13.5	11/20/15																	

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:	
1			1			Method of Shipment: _____ Date Shipped: _____	
2			2			Airbill #: _____	
3			3			Airbill #: _____	

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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

WHITE = LABORATORY
YELLOW = FILE
PINK = CLIENT

For Lab Receiving Use Only

Custody Seal Intact?
YES <input type="checkbox"/> NO <input type="checkbox"/>
Cooler Temp
C

Page: _____ of _____
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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: _____

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) (hh:mm)	QC Code (7)	Field Filtered (8)	Sample Matrix (9)	Radiactive	TSC A Regulated	ber of										
4.3B R.1.1	11/23/15																	
4.3B R.1.2	11/23/15																	
4.3B R.1.3	11/23/15																	
4.3B R.1.4	11/23/15																	
4.3B R.4.1	11/23/15																	
4.3B R.4.2	11/23/15																	
4.3B R.4.3	11/23/15																	
4.3B R.4.4	11/23/15																	
4.3B R.4.5	11/23/15																	
4.3B R.4.6	11/23/15																	

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		
2			2		
3			3		

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

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 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

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:

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) (hh:mm)	QC Code (2)	Field Filtered (1)	Sample Matrix (4)	Radia-tive	TSC A Regu-lated	ber of
4, 3B, R, 2.1	11-23-15							
4, 3B, R, 2.2	11-23-15							
4, 3B, R, 2.3	11-23-15							
4, 3B, R, 2.4	11-23-15							
4, 3B, R, 3.1	11-23-15							
4, 3B, R, 3.2	11-23-15							
4, 3B, R, 3.3	11-23-15							
4, 3B, R, 3.4	11-23-15							
4, 3A, R, 2.1	11-23-15							
4, 3A, R, 2.2	11-23-15							

--- 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

GEL PM:
 Method of Shipment: _____ Date Shipped: _____
 Airbill #: _____
 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
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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).
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For Lab Receiving Use Only
 Custody Seal Intact?
 YES / NO
 Cooler Temp
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

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GEL Chain of Custody and Analytical Request

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GEL Work Order Number: _____

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

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 <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (4)	Field Filtered (4)	Sample Matrix (4)	Radi oac tivity	TSC A Regu lated						Comments <small>Note: extra sample is required for sample specific QC</small>
								ber of					
4.3A.R.2.3	11-23-15												
4.3A.R.2.4	11-23-15												
4.3B.R.14.1	11-23-15												
4.3B.R.14.2	11-23-15												
4.3A.R.1.1	11-23-15												
4.3A.R.1.2	11-23-15												
4.3A.R.1.3	11-23-15												
4.3A.R.1.4	11-23-15												
4.3A.R.1.5	11-23-15												
4.3B.R.14.5	11-23-15												

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:	
1			1			Method of Shipment:	Date Shipped:
2			2			Airbill #:	
3			3			Airbill #:	

1) Chain of Custody Number - Client Determined
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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 = Wipe, U = Urine, F = Fecal, N = Nitrate
 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, HN = Hexane, ST = Sodium Thiosulfate. If no preservative is added = leave field blank

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

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