

Page: _____ of _____	<h2 style="margin:0;">GEL Chain of Custody and Analytical Request</h2> <p style="margin:0;">**See www.gel.com for GEL's Sample Acceptance SOP**</p>	GEL Laboratories, LLC 2040 Savage Road Charleston, SC 29407 Phone: (843) 556-8171 Fax: (843) 766-1178
Project #:	GEL Work Order Number:	
GEL Quote #:		
COC Number (3):		
PO Number:		

Client Name:	Phone #:	Sample Analysis Requested (5) (Fill in the number of containers for each test)																																							
Project/Site Name:	Fax #:	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> <tr> <td colspan="19">--- Preservative Type (6)</td> </tr> </table>																					--- Preservative Type (6)																		
--- 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) (hhmm)	QC Code (9)	Field Filtered (1)	Sample Matrix (4)	Radi active	TSC A Regulated	per of														
4.5A.R.3.1	12-1-15																					
4.5A.R.3.2	12-1-15																					
4.5A.R.4.1	12-1-15																					
4.5A.R.4.2	12-1-15																					
4.5A.R.5.1	12-1-15																					
4.5A.R.5.2	12-1-15																					
4.5A.R.6.1	12-1-15																					
4.5A.R.6.2	12-1-15																					
4.5A.R.7.1	12-1-15																					
4.5A.R.7.2	12-1-15																					

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
- 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

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

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

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

Client Name:	Phone #:	Sample Analysis Requested (5) (Fill in the number of containers for each test)
Project/Site Name:	Fax #:	<- Preservative Type (6)

Address: _____

Collected by:	Send Results To:	Should this sample be considered	TSC A Regulated	Radiation	Per of	Comments
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)	Note: extra sample is required for sample specific QC
4.5C.R.3.1	12-1-15					
4.5C.R.3.2	12-1-15					
4.5C.R.3.5	12-1-15					
4.5C.R.3.6	12-1-15					
4.5C.R.4.1	12-1-15					
4.5C.R.4.2	12-1-15					
4.5C.R.5.1	12-1-15					
4.5C.R.5.2	12-1-15					
4.5C.R.6.1	12-1-15					
4.5C.R.6.2	12-1-15					

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: _____
Method of Shipment: _____ Date Shipped: _____
Airbill #: _____
Airbill #: _____

1.) Chain of Custody Number - Client Determined
2.) QC Codes: N = Nominal Sample, TB = Trip Blank, ED = 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=Sledge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=Not
5.) Sample Analysis Requested. Analytical method requested (i.e. 8160R, 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

Page _____ of _____

GEL Chain of Custody and Analytical Request
 See www.gel.com for GEL's Sample Acceptance SOP

Project # _____

GEL Quote #: _____

COC Number (1): _____

PO Number: _____

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 (5) (Fill in the number of containers for each test)												
Project/Site Name:			Fax #:			Should this sample be considered											Preservative Type (6)	
Address:			Send Results To:															
Collected by:						TSC A Regulated	Radiation											Comments Note: extra sample is required for sample specific QC
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (1)	Field Filtered (2)	Sample Matrix (3)													
* For composites - indicate start and stop date/time																		
4.5.B.R.4.1	12/1/15																	
4.5.B.R.4.2	12/1/15																	
4.5.B.R.3.1	12/1/15																	
4.5.B.R.3.2	12/1/15																	
4.5.B.R.3.5	12/1/15																	
4.5.B.R.3.6	12/1/15																	
4.5.B.R.5.1	12/1/15																	
4.5.B.R.5.2	12/1/15																	
4.5.B.R.6.1	12/1/15																	
4.5.B.R.6.2	12/1/15																	

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 = Milk, LIQ = Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, (I=Oil, F=Filter, P=Wipe, U=Urine, F=Feces, N=...)
 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010M/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010M/7470A - 1)
 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Salts/Acids, 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 _____ Project #: GEL Quote #: COC Number (1): PO Number:	<h2 style="margin: 0;">GEL Chain of Custody and Analytical Request</h2> <p style="margin: 0;">**See www.gel.com for GEL's Sample Acceptance SOP**</p> <p style="margin: 0;">GEL Work Order Number:</p>	GEL Laboratories, LLC 2040 Savage Road Charleston, SC 29407 Phone: (843) 556-8171 Fax: (843) 766-1178
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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																		
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (4)	Field Filtered (5)	Sample Matrix (6)	Radiation	TSC A Regulated	BY											
<i>* For composites - indicate start and stop date/time</i>																			
4.5.C.R.9.5																			
4.5.C.R.9.1																			
4.5.C.R.9.2																			
4.5.C.R.7.1																			
4.5.C.R.7.2																			
4.5.B.R.7.1																			
4.5.B.R.7.2																			
4.5.B.R.8.1																			
4.5.B.R.8.2																			

TAT Requested: Normal: Rush: Specify: (Subject to Sampleage) 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
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 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)
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For Lab Receiving Use Only
Custody Seal Intact? YES NO
Cooler Temp C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

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 (5) (Fill in the number of containers for each test)																																				
Project/Site Name:		Fax #:		Should this sample be considered:	<table border="1"> <tr> <td colspan="12">← Preservative Type (6)</td> </tr> <tr> <td colspan="12" style="text-align: center;">Comments Note: extra sample is required for sample specific QC</td> </tr> </table>												← Preservative Type (6)												Comments Note: extra sample is required for sample specific QC											
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Comments Note: extra sample is required for sample specific QC																																								
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 (3)	Field Filtered (4)	Sample Matrix (4)	Radi active	TSC A Regulated	Per of																																
4.5C.R.8.1	12-15																																							
4.5C.R.8.2	12-15																																							
4.5C.R.8.5	12-15																																							

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	
2			2			Date Shipped:	
3			3			Airbill #:	
						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
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 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 _____
 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 (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) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Radi active	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																			

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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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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 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:																Comments Note: extra sample is required for sample specific QC	
Collected by:		Send Results To:		Radi active	TSC A Regulated	per of											
Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (6)				Field Filtered (3)	Sample Matrix (4)									
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4,5.C.R.2.3	12-2-15																
4,5.C.R.2.4	12-2-15																
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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:			
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For Lab Receiving Use Only
 Custody Seal Intact?
 YES NO
 Cooler Temp:
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page _____ of _____
 Project #:
 GEL Quote #:
 COC Number (1):
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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
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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:																	Comments Note: extra sample is required for sample specific QC	
Collected by:		Send Results To:		Radi oact ive	TSC A Rego lated	per of												
Sample ID	*Date Collected (m/d-yy)	*Time Collected (Military) (hhmm)	QC Code (7)				Field Filtered (8)	Sample Matrix (9)										
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4.5A.R.1.1	12-7-15																	
4.5A.R.1.2	12-7-15																	
4.5A.R.1.3	12-7-15																	
4.5A.R.1.4	12-7-15																	
4.5A.R.2.1	12-7-15																	
4.5A.R.2.2	12-7-15																	
4.5A.R.2.3	12-7-15																	
4.5A.R.2.4	12-7-15																	
4.5A.R.2.5	12-7-15																	
4.5A.R.2.6	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

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, 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 - N
 5) Sample Analysis Requested: Analytical method requested (i.e. #260B, 6010B/7470A) and number of containers provided for each (i.e. #299B - 3, 6010B-7470A - 1).
 6) Preservative Type: HA - Hydrochloric Acid, NI - Nitric Acid, SH - Sulfuric Acid, SA - Sulfonic 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 _____
 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 (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												
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (7)		Field Filtered (8)	Sample Matrix (9)										
<i>* For composites - Indicate start and stop date/time</i>																
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															

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 #: _____	
						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. 3260B - 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