

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)
Project/Site Name: _____	Fax #: _____	

Address: _____	Should this sample be considered:	Comments Note: extra sample is required for sample specific QC
Collected by: _____		

Sample ID <i>* For composites - indicate start and stop date/time</i>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (6)	Field Filtered (6)	Sample Matrix (6)	Radi active	TSC A Regulated	Per of	Preservative Type (6)
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
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Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

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

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=Faecal, N=N
 5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010D/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010D/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

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

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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:

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 (4)	Sample Matrix (4)	Radiocative	TSC A Regulated	Per of
5.4A.R.1.1	12-16-15							
5.4A.R.1.2	12-16-15							
5.4A.R.1.3	12-16-15							
5.4A.R.1.4	12-16-15							
5.4A.R.1.5	12-16-15							
5.4A.R.1.6	12-16-15							
5.1A.R.1.1	12-16-15							
5.1A.R.1.2	12-16-15							
5.1A.R.1.3	12-16-15							
5.1A.R.1.4	12-16-15							

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

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

Sample Shipping and Delivery Details

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

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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 (1)	Field Filtered (3)	Sample Matrix (4)	Radiocurve	TSC A Regulated	Der of							
<i>* For composites - indicate start and stop date/time</i>															
S.I.A.R.1.5	12-16-15														
S.I.A.R.1.6	12-16-15														
S.I.A.R.1.7	12-16-15														

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 Mountain

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1			1			Method of Shipment:		Date Shipped:	
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 5) Sample Analysis Requested: Analytical method requested (i.e. R260B, 60100/7470A) and number of containers provided for each (i.e. 3260B 3, 60100/7470A - 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

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