

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: _____

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 (2)	Field Filtered (1)	Sample Matrix (4)	Hand delivered	TSC A Regu lated	ber of											
S.2A.R.3.1	12-11-15																		
S.2A.R.3.2	12-11-15																		
S.2A.R.4.1	12-11-15																		
S.2A.R.4.2	12-11-15																		
S.2A.R.5.1	12-11-15																		
S.2A.R.5.2	12-11-15																		
S.2A.R.6.1	12-11-15																		
S.2A.R.6.2	12-11-15																		
S.2A.R.7.1	12-11-15																		
S.2A.R.7.2	12-11-15																		

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 #:	

- 1) Chain of Custody Number - Client Determined
- 2) QC Codes: N = Normal Sample, TR = 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= Fats, P= Pesticide, U= Urine, F= Fecal, N= Nitrate
- 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 8010B/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 _____
 Project #: _____
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GEL Chain of Custody and Analytical Request

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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 _____

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 (9)	Field Filtered (1)	Sample Matrix (9)	Radiocative	TSC A Related	ber of
S.2.B.R.3.1	12/11/15							
S.2.B.R.3.2	12/11/15							
S.2.B.R.4.1	12/11/15							
S.2.B.R.4.2	12/11/15							
S.2.B.R.5.1	12/11/15							
S.2.B.R.5.2	12/11/15							
S.2.B.R.6.1	12/11/15							
S.2.B.R.6.2	12/11/15							
S.2.B.R.7.1	12/11/15							
S.2.B.R.7.2	12/11/15							

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 #: _____

- 1) Chain of Custody Number - Client Determined
- 2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, ER = 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. 8169B, 6010B/7470A) and number of containers provided for each (i.e. 8169D - 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

Page: _____ of _____	GEL Chain of Custody and Analytical Request **See www.gel.com for GEL's Sample Acceptance SOP**	GEL Laboratories, I.L.C.
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:		
Collected by:	Send Results To:	Should this sample be considered: <input type="checkbox"/> Yes <input type="checkbox"/> No TSC A Regulated per of: _____ Radiocative: _____ 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 (hh:mm)	QC Code (4)	Field Filtered (1)	Sample Matrix (6)	Radiorative	TSC A Regulated per of											
S.2.B.R.8.1	12/11/15																	
S.2.B.R.8.2	12/11/15																	
S.3.A.R.2.1	12/11/15																	
S.3.A.R.2.2	12/11/15																	
S.3.A.R.3.1	12/11/15																	
S.3.A.R.3.2	12/11/15																	
S.3.A.R.4.1	12/11/15																	
S.3.A.R.4.2	12/11/15																	
S.3.A.R.4.5	12/11/15																	

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, 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=D, F=Filter, P=Wipe, U=Urine, F=Fecal, N=No
 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

Page: _____ of _____
Project #: _____
GEL Quote #: _____
COC Number: _____
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 #: _____

Address: _____

Collected by: _____ Send Results To: _____

Sample ID	Date Collected (mm-dd-yy)	*Time Collected (Shifts) (blank)	QC Code	Field Filtered	Sample Matrix	Radiactive	TSC A Registered	per of	Preservative Type (6)	Comments
* For composites - indicate start and stop date/time										Note: extra sample is required for sample specific QC
* 5. SA.R. 4.1A, 5. SA.R. 4.1B	12-14-15									
5. SA.R. 4.2A, 5. SA.R. 4.2B	12-14-15									
5. IB.R. 1.1A, 5. IB.R. 1.1B	12-14-15									
5. IB.R. 1.2A, 5. IB.R. 1.2B	12-14-15									
5. IB.R. 2.1A, 5. IB.R. 2.1B	12-14-15									
5. IB.R. 2.2A, 5. IB.R. 2.2B	12-14-15									
5. IA.R. 2.1A, 5. IA.R. 2.1B	12-14-15									
5. IA.R. 2.2A, 5. IA.R. 2.2B	12-14-15									
5. IA.R. 2.3	12-14-15									
6. 2A.R. 2.7	12-14-15									

TAT Requested: Normal: _____ Rush: _____ Specify: _____ (Subject to Scheduling) 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

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 #:

For Lab Receiving Use Only

Custody Seal Intact?

YES / NO

Cooler Temp.

C

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 = Wastewater, W = Water, M = Milk, MS = Milk, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, F = Fish, P = Pipe, U = Urine, F = Food, N = Nails

5) Sample Analysis Requested - Analytical method requested (i.e. 820B, 8010B, 7470A) and number of containers provided for each (i.e. 2/4/3/1, 60/50/74/60/1)

6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Acetic Acid, HX = Max. H₂O₂ / Sodium Chlorate. If no preservative added - leave blank.

WHITE = LABORATORY

YELLOW = FILE

PINK = CLIENT

Page _____ of _____	GEL Chain of Custody and Analytical Request **See www.gel.com for GEL's Sample Acceptance SOP**	GFL Laboratories, I.L.C. 2040 Savage Road Charleston, SC 29407 Phone: (843) 556-8171 Fax: (843) 766-1178
Project #: _____	GEL Work Order Number: _____	
GEL Quote #: _____		
COC Number (1): _____		
PO 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 (7)	Field Filtered (8)	Sample Matrix (4)	Radiactive	TSC A Regulated	ber of									
S.2.A.R.1.1.A / S.2.A.R.1.1.B	12/14/15																
S.2.A.R.1.2.A / S.2.A.R.1.2.B	12/14/15																
S.2.A.R.1.3.A / S.2.A.R.1.3.B	12/14/15																
S.2.A.R.1.4.A / S.2.A.R.1.4.B	12/14/15																
S.2.A.R.2.1.A / S.2.A.R.2.1.B	12/14/15																
S.2.A.R.2.2.A / S.2.A.R.2.2.B	12/14/15																
S.2.A.R.2.3.A / S.2.A.R.2.3.B	12/14/15																
S.2.A.R.2.4.A / S.2.A.R.2.4.B	12/14/15																
S.2.A.R.2.5.A / S.2.A.R.2.5.B	12/14/15																
S.2.A.R.2.6.A / S.2.A.R.2.6.B	12/14/15																

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
 * each line is one sample - A is 500 mL, B is 500 mL

	Sample Collection Time Zone Eastern Pacific Central Other _____ Mountain
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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 = Waste, 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 = 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, E.I.C
 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:						Radi-Active	TSC A Regulated	Per 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) (hhmm)	QC Code (7)	Field Filtered (1)	Sample Matrix (6)																					
S.2.B.R.1.1	12/15/15																									
S.2.B.R.1.2	12/15/15																									
S.2.B.R.1.3	12/15/15																									
S.2.B.R.1.4	12/15/15																									
S.2.B.R.2.1	12/15/15																									
S.2.B.R.2.2	12/15/15																									
S.2.B.R.2.3	12/15/15																									
S.2.B.R.2.4	12/15/15																									
S.2.B.R.2.5	12/15/15																									
S.2.B.R.2.6	12/15/15																									

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, MSQ = 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 = Fiber, P = Wipes, U = 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 = Salicylic Acid, AA = Ascorbic Acid, HA = 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