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 #:

Project/Site Name: Fax #:

Address:

Collected by: Send Results To:

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID * For composites - indicate start and stop date/time	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of containers										--- Preservative Type (6)	Comments Note: extra sample is required for sample specific QC
5.2.B.R.8.1	12/11/15																		
5.2.B.R.8.2	12/11/15																		
5.3.A.R.2.1	12/11/15																		
5.3 A R 2.2	12/11/15																		
5.3 A. R. 3.1	12/11/15																		
5.3 A. R. 3.2	12/11/15																		
5.3 A.R.4.1	12/11/15																		
5.3 A.R.4.2	12/11/15																		
5.3 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

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 #:

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=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. 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**

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Sample ID * For composites - indicate start and stop date/time	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	TSCA Regulated	Number of containers										<-- Preservative Type (6)	Comments Note: extra sample is required for sample specific QC
5.3.A.R.1.1	12/15/15																		
5.3.A.R.1.2	12/15/15																		
5.3.A.R.1.3	12/15/15																		
5.3.A.R.1.4	12/15/15																		
5.3.A.R.1.5	12/15/15																		
5.3.A.R.1.6	12/15/15																		
5.3.A.R.1.7	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

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

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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