

Field Copy

Page: <u>2</u> of <u>2</u>	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
Project #: <u>N/A</u> GEL Quote #: <u>N/A</u> COC Number (1): <u>NYSEKDA #1</u> PO Number: <u>N/A</u>		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:		Radiative	TSC A Regulated													Comments Note: extra sample is required for sample specific QC			
Sample ID		*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)			QC Code (1)	Field Filtered (2)	Sample Matrix (3)	per of												
* For composites - indicate start and stop date/time																					
3.2.4.R.1		10-19-15	10:00	N	N/A	N/A	W	N	1												
3.2.4.R.2		10-19-15	10:10	N	N/A	N/A	W	N	1												
3.2.4.R.3		10-19-15	10:35	N	N/A	N/A	W	N	1												
3.2.4.R.4		10-19-15	14:10	N	N/A	N/A	W	N	1												
3.2.4.R.5		10-19-15	14:10	FD	N/A	N/A	W	N	1												
3.1.7.R.1		10-19-15	14:50	N	N/A	N/A	W	N	1												
3.1.7.R.2		10-19-15	15:00	W	N/A	N/A	W	N	1												
3.1.8.R.1		10-19-15	15:20	N	N/A	N/A	W	N	1												
3.1.8.R.2		10-19-15	15:25	N	N/A	N/A	W	N	1												
3.1.8.R.6		10-19-15	16:15	EB	N/A	N/A	W	N	1												

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 #:	

- Chain of Custody Number - Client Determined
- 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
- Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
- 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=
- 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).
- 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

Field copy

Page: _____ of _____	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
Project #:		GEL Work Order Number:
GEL Quote #:		
COC Number (1):		
PO 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	Radi oactive	TSC A Regu lated	ber of																← Preservative Type (6)
Address:																					
Collected by:	Send Results To:	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 (8)	Sample Matrix (9)	Radi oactive	TSC A Regu lated	ber of															
3.1.3.E.1	10-20-15	13:40	N	N/A	N/A	W	W	1															
3.1.3.E.2	10-20-15	13:50	N	N/A	N/A	W	N	1															
3.1.3.E.3	10-20-15	14:00	N	N/A	N/A	W	W	1															
3.1.3.E.4	10-20-15	14:25	N	N/A	N/A	W	N	1															
3.1.9.E.1	10-20-15	14:45	N	N/A	N/A	W	N	1															
3.1.9.E.2	10-20-15	14:55	N	N/A	N/A	W	N	1															
3.1.9.E.6	10-20-15	16:00	EB	N/A	N/A	N	N	1															

TAT Requested: Normal: _____ Rush: _____ Specify: _____ (Subject to Scharge) 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) Chain of Custody Number - Client Determined
- 2) QC Codes: N = Normal 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 - 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

Entered to file

Field Copy

Page _____ of _____	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
Project #:		GEL Work Order Number:
GEL Quote #:		
COC Number (1):		
PO 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) Comments Note: extra sample is required for sample specific QC					
Address:																						
Collected by:		Send Results To:		Radiative	TSC A Regulated																	
Sample ID <i>* For composites - indicate start and stop date/time</i>		*Date Collected (mm-dd-yy)				*Time Collected (Military) (hhmm)		QC Code (1)	Field Filtered (3)	Sample Matrix (4)	ber of											
3.1.2.E.1		10-20-15		10:45		N/A	N/A	N/A	W	W	1											
3.1.2.E.2		10-20-15		11:00		N	N/A	N/A	N	W	1											
3.1.2.E.3		10-20-15		11:15		W	N/A	N/A	N	W	1											
3.1.2.E.4		10-20-15		11:30		N	N/A	N/A	W	N	1											

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 = Nonnal 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: NA = 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

attached to COC

Field copy

Page: _____ of _____
 Project #: _____
 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
 COC Number #: _____
 PO Number: _____
 GEL Work Order Number: _____

Client Name: _____ Phone #: _____
 Project/Site Name: _____ Fax #: _____
 Address: _____
 Collected by: _____ Sent Results To: _____
 Should this sample be considered: Yes No
 Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code	Field Filtered (5)	Sample Matrix (6)	Real Time (7)	TSC (8)	Reg (9)	Label (10)	Per (11)	Off (12)	Comments
3.1.20.R.1	10-20-15	1000	N	N/A	N/A	N	1					Note: extra sample is required for sample specific QC
3.1.20.R.2	10-20-15	10:20	N	N/A	N/A	N	1					
3.1.17.R.1	10-20-15	10:40	N	N/A	N/A	N	1					
3.1.17.R.2	10-20-15	10:50	N	N/A	N/A	N	1					
3.1.17.R.5	10-20-15	10:45	N/A	N/A	N/A	N	1					
3.1.17.R.6	10-20-15	10:55	FD	N/A	N/A	N	1					
3.1.18.R.1	10-20-15	11:20	N	N/A	N/A	N	1					
3.1.18.R.2	10-20-15	11:30	N	N/A	N/A	N	1					
3.1.19.R.1	10-20-15	13:40	N	N/A	N/A	N	1					
3.1.19.R.2	10-20-15	13:45	N	N/A	N/A	N	1					

TAT Requested: Normal _____ Rush _____ Specify: _____ (Subject to Surcharge) Fax Results: Yes _____ No _____
 Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards
 Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4
 Sample Collection Time Zone: Eastern Pacific Other Mountain

Requisitioned By (Signed)	Date	Time	Received By (Signed)	Date	Time	Method of Shipment	Date Shipped

Chain of Custody Signatures
 Sample Shipping and Delivery Details
 For Lab Receiving Use Only
 Custody Seal Intact? YES / NO
 Cooler Temp C

1) Chain of Custody Number - 4 Item Decontaminated
 2) QC Codes: N - Normal Sample, TB - Trip Blank, FB - Field Duplicate, EB - Equipment Blank, MS - Matrix Spike Sample, YSD - 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 a 'N' - for no the sample was not field filtered
 4) Matrix Codes: BW - Drinking Water, FM - Groundwater, SW - Surface Water, MW - Waste Water, W - Water, ML - Misc Liquid, SD - Soil, SD - Sediment, SL - Sludge, SS - Solid Waste, Q - Oil, F - Fertilizer, P - Pesticide, T - Tissue, F - Food, N - Nucleic Acid, A - Amino Acid, S - Selenium, H - Hydrocarbon, SA - Sulfate, Acid, AA - Acetic Acid, HA - Hexane, ST - Station, T - Tissue, P - Pesticide, T - Tissue, F - Food, N - Nucleic Acid, A - Amino Acid, S - Selenium, H - Hydrocarbon, SA - Sulfate, Acid, AA - Acetic Acid, HA - Hexane, ST - Station
 5) Sample Analysis Requested: Analytical method requested (i.e. #250B, 6010B, 7470A) and number of containers provided for each (i.e. #250B - 3, 6010B 7470A - 1)
 6) Preservative Type: HA - Hydrochloric Acid, NI - Nitric Acid, SH - Sulfuric Acid, SA - Sulfate, Acid, AA - Acetic Acid, HA - Hexane, ST - Station
 WHITE = LABORATORY
 YELLOW = FILE
 PINK = CLIENT

Entered to COC

Field copy

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.gel.com for GEL's Sample Acceptance SOP**	
GEL Quote #: _____	GEL Work Order Number: _____	
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 #: _____	← 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 oacti ve	TSC A Regu lated	ber of										
3.1.21.R1	10-20-15	14:45	N	N/A	N/A	N	N	1										
3.1.21.R2	10-20-15	14:30	N	N/A	N/A	N	N	1										
3.1.22.R1	10-20-15	14:45	N	N/A	N/A	N	N	1										
3.1.22.R2	10-20-15	14:50	N	N/A	N/A	N	N	1										
3.1.23.R1	10-20-15	15:10	N	N/A	N/A	N	N	1										
3.1.23.R2	10-20-15	15:15	N	N/A	N/A	N	N	1										
3.1.24.R1	10-20-15	15:35	N	N/A	N/A	N	N	1										
3.1.24.R2	10-20-15	15:40	N	N/A	N/A	N	N	1										
3.1.24.Rb	10-20-15	16:00	EB	N/A	N/A	N	N	1										

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 = Milk Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, F = Filter, P = Wipe, U = Urine, F = Fecal, N = Nails
 5.) Sample Analysis Requested - Analytical method requested (i.e. 8260B, 6010K7470A) 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, U = 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
Cooler Temp C

Entered to COC

Field Copy

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
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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	TSC A Regulated	Number of	← 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 (2)	Field Filtered (3)	Sample Matrix (4)	Radiactive	TSC A Regulated	Number of											
✓ 3.1.10.E1	10-21-15	10:00	N																
✓ 3.1.10.E2	10-21-15	10:05	N																
✓ 3.1.12.E1	10-21-15	10:25	N																
✓ 3.1.12.E2	10-21-15	10:30	N																
✓ 3.1.13.R1	10-21-15	10:55	N																
✓ 3.1.13.R2	10-21-15	11:00	N																
✓ 3.1.14.R1	10-21-15	10:20	N																
✓ 3.1.14.R2	10-21-15	10:25	N																

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, FB = Field Duplicate, BB = 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/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, 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	

✓ 41

Entered to COC 10-21

Field copy

Page: _____ of _____	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
Project #: _____ GEL Quote #: _____ COC Number (1): _____ PO Number: _____	GEL Work Order 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: _____	Should this sample be considered _____	
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 (1)	Field Filtered (2)	Sample Matrix (3)	Radiation	TSC A Related	per 05												
✓ 3.1.1.E.1	10-21-15	13:10	N																	
✓ 3.1.1.E.2	10-21-15	13:25	N																	
✓ 3.1.1.E.3	10-21-15	13:35	N																	
✓ 3.1.1.E.4	10-21-15	13:45	N																	
✓ 3.1.1.E.5	10-21-15	13:15	FD																	
✓ 3.1.1.E.6	10-21-15	13:30	FD																	
✓ 3.1.1.E.7	10-21-15	13:40	FD																	
✓ 3.1.1.E.8	10-21-15	13:50	FD																	

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	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
1			1		
2			2		
3			3		

GEL PM: _____	Date Shipped: _____
Method of Shipment: _____	
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 - 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, 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



Entered COC

Field Copy

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>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 (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) (hhmm)	QC Code (1)	Field Filtered (1)	Sample Matrix (4)	Radiative	TSC A Regulated	ber of													
✓ 3.1.11.E1	10/21/15	13:35	N																		
✓ 3.1.11.E2	10/21/15	13:40	N																		
✓ 3.1.15.R1	10/21/15	14:40	N																		
✓ 3.1.15.R2	10/21/15	14:45	N																		
✓ 3.1.16.R1	10/21/15	14:10	N																		
✓ 3.1.16.R2	10/21/15	14:15	N																		
* 3.1.16.R3 3.1.16.R6	10/21/15	10:00	EB																		

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 - Nails
 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

Field Copy

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 #: _____
 Project/Site Name: _____ Fax #: _____

Sample Analysis Requested (6) (Fill in the number of containers for each test)

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) (hhmm)	QC Code (1)	Field Filtered (2)	Sample Matrix (3)	Radi oactive	TSC A Regu lated	per of	Sample Analysis Requested (6)										Preservative Type (6)	Comments Note: extra sample is required for sample specific QC					
									1	2	3	4	5	6	7	8	9	10			11	12			
✓ 3.1.6.R.1	10-21-15	14:15	W																						
✓ 3.1.6.R.2	10-21-15	14:25	N																						
✓ 3.1.6.R.3	10-21-15	14:35	N																						
✓ 3.1.6.R.4	10-21-15	14:30	N																						
✓ 3.1.5.R.1	10-21-15	15:00	W																						
✓ 3.1.5.R.2	10-21-15	15:05	N																						
✓ 3.1.5.R.3	10-21-15	15:20	N																						
3.1.5.R.4	10-21-15	15:40	N																						
✓ 3.1.5.R.6	10-21-15	16:00	EB																						

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 = 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, MX = 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

Entered
COC

✓

Field Copy

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)

← Preservative Type (6)

Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code ⁽¹⁾	Field Filtered ⁽³⁾	Sample Matrix ⁽⁴⁾	Radi oacti ve	TSC A Regu lated	ber of	Comments Note: extra sample is required for sample specific QC
✓ 1.3.C.1	10-21-15	9:35	N						
✓ 1.3.C.2	10-21-15	9:50	N						
✓ 1.3.C.3	10-21-15	10:00	N						
✓ 1.3.C.5	10-21-15	9:40	FD						
✓ 1.3.C.6	10-21-15	9:55	FD						
✓ 3.1.4.R.1	10-21-15	10:55	N						
✓ 3.1.4.R.2	10-21-15	11:05	N						
✓ 3.1.4.R.3	10-21-15	11:15	N						
✓ 3.1.4.R.4	10-21-15	11:20	N						

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
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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

Entered to COC 10-21