

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 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 <i>* For composites - indicate start and stop date/time</i>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code # ⁽¹⁾	Field Filtered (Y)	Sample Matrix (4)	Radia- tive	TSC A Regu- lated	per of										
SNEB 21.1	11-19-15																	
SNEB 21.2	11-19-15																	
SNEB 21.3	11-19-15																	
SNEB 21.4	11-19-15																	
SNEB 21.5	11-19-15																	
SNEB 21.4	11-19-15																	
SNEB 24.1	11-19-15																	
SNEB 24.2	11-19-15																	
SNEB 24.3	11-19-15																	
SNEB 24.5	11-19-15																	

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, EB = Equipment Blank, MS = Matrix Spike Sample, MSH = 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 = Max 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

Page: _____ of _____
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 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:		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 ⁽⁴⁾			Field Filtered ⁽³⁾	Sample Matrix ⁽⁴⁾									
* For composites - indicate start and stop date/time																
SN1B.24.1	11-24-15															
SN1B.24.2	11-24-15															
SN1B.24.3	11-24-15															
SN1B.20.1	11-24-15															
SN1B.20.2	11-24-15															
SN1B.20.3	11-24-15															
SN1B.20.5	11-24-15															

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, D = 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, SB = 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 _____
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 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 (m)	Field Filtered (n)	Sample Matrix (o)	Radiative	TSC A Regulated	Ber of
H0.4.1	12-15-15							
H0.4.2	12-15-15							
H0.5.1	12-15-15							
H0.5.2	12-15-15							
H0.6.1 TB 12/15								
H0.6.2 TB 12/15								
REACH 21.1	12-15-15							
REACH 21.1.2	12-15-15							
SNIB.18.1	12-15-15							
SNIB.18.2	12-15-15							
SNIB.18.5	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

H0 - Homeowner

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, 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

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:

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GEL Work Order Number:

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 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:																Comments Note: extra sample is required for sample specific QC	
Collected by:		Send Results To:		Radi oacti ve	TSC A Regu lated	ber of											
Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (n)				Field Filtered (y)	Sample Matrix (6)									
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	GEL PM:			
1			1			Method of Shipment:		Date Shipped:	
2			2			Airbill #:			
3			3			Airbill #:			

- 1.) Chain of Custody Number - Client Determined
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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).
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WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

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

Page: _____ of _____
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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) (hhmm)	QC Code (4)	Field Filtered (Y/N)	Sample Matrix (6)	Radiocative	TSC A Regulated	Per of	1	2	3	4	5	6	7	8	9	10	
SNIB.23.1	12-10-15																		
SNIB.23.2	12-10-15																		
SNIB.23.3	12-10-15																		
SNIB.23.4	12-10-15																		
SNIB.23.5	12-10-15																		
SNIB.23.6	12-10-15																		
SNIB.26.1	12-10-15																		
SNIB.26.2	12-10-15																		
SNIB.26.3	12-10-15																		
SNIB.25.1	12-10-15																		

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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- 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 8010W7470A) and number of containers provided for each (i.e. 8260B - 3, 8010W7470A - 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 #: _____ GEL Quote #: _____ COC Number (1): _____ PO Number: _____	<h2 style="margin: 0;">GEL Chain of Custody and Analytical Request</h2> <p style="font-size: small; 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
---	---	---

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:	1	2	3	4	5	6	7	8	9	10	11	12	Preservative Type (6)						
Address:	Send Results To:		Comments Note: extra sample is required for sample specific QC																		
Collected by:	Send Results To:	Radi active		TSC A Regulated	Number of	1	2	3	4	5	6	7	8	9	10	11	12				
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Radi active	TSC A Regulated	Number of	1	2	3	4	5	6	7	8	9	10	11	12	
* For composites - indicate start and stop date/time																					
SNIB.25.2	12-10-15																				
SNIB.25.3	12-10-15																				
SNIB.27.1	12-10-15																				
SNIB.27.2	12-10-15																				
SNIB.27.3	12-10-15																				
4.IB.R.2.1	12-10-15																				
4.IB.R.2.2	12-10-15																				
4.IB.R.2.3	12-10-15																				
4.IB.R.2.4	12-10-15																				
4.IB.R.2.5	12-10-15																				

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						Method of Shipment:			Date Shipped:		
2						Airbill #:					
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

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

WHITE = LABORATORY

YELLOW = FILE

PINK = CLIENT