CHAIN OF CUSTODY RECORD / ANALYSIS REQUEST

CARDINAL ENVIRONMENTAL

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BATCH #: _____

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Client Name:

Address:

Purchase Order No.:

City, State, Zip:

Sampler Signature:

Contact:

Project Description/I.D.:

PM:

Phone Number:

Fax Number:

Email To:

Fax Results? Y or N Email Results? Y or N

Project Quote: $ Quoted by:

Turn Around Time

(Lab MUST be notified of RUSH status at time of sample receipt)
RUSH surcharges will apply*

_____ 1 - 3 working days *

_____ 4 - 5 working days *

_____ Normal Turn Around

Date Results Needed By: _____

MATRIX (indicate below)

Wastewater . . . . . WW
Groundwater . . . . . GW
Drinking Water (private) . . . . . DW
Drinking Water (public)** . . . . PDW
Cooling Water . . . . . CW
Sludge/Solids . . . . . SS
Asbestos . . . . . ASB
Other . . . . . OTR

Laboratory Analysis

Sample Identification	Grab/ Comp	Date	Time	Laboratory Number	No. of Container(s)	Type of Container	Temp. Rec'd	Preserva-tive	Matrix (see above)										

Laboratory Use Only

Relinquished by:	Date	Time		Date	Time
Relinquished by:	Date	Time		Date	Time

Received in Lab by:	Date	Time

Samples returned via: ____ UPS ____ FedEx _____ Courier ____ Other

IMPORTANT:
To meet regulatory requirements, this form MUST be completed and returned with described samples
**DNR forms for public drinking water samples MUST be provided at time of sample receipt
Please provide permit copies whenever possible

Notes/Comments: