



CHAIN OF CUSTODY FORM

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Prsrv and Matrix Codes

Project Name		Project Number		ANALYSIS REQUESTED (Include Preservative Information)												X: None H: HCL N: HNO3 S: H2SO4 B: NaOH Z: Zn Acetate T: NaThiosulfate C: Ice only DW: drinking water WW: wastewater GW: groundwater S: surface water O: other		
Report To (name & email)		Company/Address																
Phone #		FAX #																
Sampler's Signature		Sampler's Printed Name																
CLIENT SAMPLE ID	SAMPLE COLLECTION				NUMBER OF CONTAINERS	REMARKS? Use Comments Box Below											LAB ID	
		Start DATE TIME	End (Comp only) DATE TIME	Matrix													(AqA Use ONLY)	
Special Instructions/Comments:							TURNAROUND REQUIREMENTS			INVOICE INFORMATION			RECEIPT INFORMATION (AqA USE ONLY)					
							<input type="checkbox"/> RUSH (SURCHARGES APPLY) <input type="checkbox"/> STANDARD DATE RESULTS ARE NEEDED _____			P.O. # _____ Bill to: _____ _____ _____			# Containers Correct? Y / N All containers intact? Y / N Tests within hold times? Y / N Preserved sample pH OK? Y / N / NA On Ice? Y / N / NA Temp @ receipt: _____					
Relinquished By Signature		Received By Signature		Relinquished By Signature		Received By Signature		Relinquished By Signature		Received By Signature								
Printed Name		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name								
Firm		Firm		Firm		Firm		Firm		Firm								
Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time								