AQUATIC ANALYTICS

CHAIN OF CUSTODY FORM

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C of C # _____

Page _____ of _____

Prsrv and Matrix Codes

Project Name		Project Number	
	1		**2**

Report To (name & email)   **3**

Company/Address   **4**

Phone #		FAX #	
	5		**6**

Sampler's Signature | Sampler's Printed Name   **7**

ANALYSIS REQUESTED (Include Preservative Information)

Preservative   **14**

NUMBER OF CONTAINERS

REMARKS? Use Comments Box Below

SCROLL DOWN FOR PAGE 2
OF INSTRUCTIONS

13

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

LAB ID
(AqA Use ONLY)

SAMPLE COLLECTION

CLIENT SAMPLE ID	Start DATE	Start TIME	End (Comp only) DATE	End TIME	Matrix
8	**9**		**10**		**11**
					12
					15

Special Instructions/Comments: **15**

TURNAROUND REQUIREMENTS

RUSH (SURCHARGES APPLY)
STANDARD   **16**
DATE RESULTS ARE NEEDED

INVOICE INFORMATION

P.O. #
Bill to: **17**

RECEIPT INFORMATION   (AqA USE ONLY)

# 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	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature	Signature	Signature	Signature	Signature	Signature
Printed Name **18**	Printed Name **19**	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

v8 11/3/2014

INSTRUCTIONS FOR FILLING OUT AQUATIC ANALYTICS CHAIN OF CUSTODY FORM

Note: Shaded areas are for Aquatic Analytics use only.

Box 1   Project name: client project identifier if applicable

Box 2   Project number: client project identifier if applicable

Box 3   Report to: Name and email address of person to receive results

Box 4   Company/Address: Company name (if applicable) and address of client

Box 5   Phone #: Phone number for contact person.

Box 6   Fax #: Fax number for contact person.

Box 7   Sampler info: The person who collected the sample(s) should sign and print their name in these boxes.

Box 8   Client Sample ID: description of the sample (for example, outflow pipe 1)

Box 9   Collection start date/time: for grab samples, this is the date and time the sample was collected. For composite samples, this is the date and time that collection began.

Box 10   Collection end date/time: For composite samples, this is the date and time that collection ended. Grab samples leave these blank.

Box 11   Matrix: write the appropriate code for each sample (see key at top right)

Box 12   Number of bottles: Enter the total number of sample containers for each sample.

Box 13   This section is used to enter the requested tests. Enter the test/analysis in the sideways column above, then check the box below for each sample that requires that test.

Box 14

Preservation codes: Ender the code for the preservative used in each bottle, and "C" if the samples are on ice. Preservatives are written on the labels if you are using a bottle supplied by Aquatic Analytics. Preservative codes are listed in the key at the top right of this form.

Box 15   Special Instructions/Comments: as neccesary. Remarks: Check this column if there are comments associated with a specific sample.

Box 16   Turnaround time requested: check if standard or rush turnaround is required. Enter the date that the results are needed for rush samples.

Box 17   Invoice information: Fill in PO # and billing contact information (if different than boxes 3 and 4)

Box 18   Relinquished by: The **person who collected the samples** fills in these boxes when they transfer custody of the samples to another person. This can be a different individual within the client's company, a courier, a commercial carrier such as Fedex or UPS, or an Aquatic Analytics employee.

Box 19   Received by/ relinquished by: these fields are used to indicate additional transfers of the sample from one person to the next.