



LABORATORY CHAIN OF CUSTODY FORM

Client: _____ Address: _____ _____ _____	PO# / Project Ref# / other details relevant to lab analyses or invoicing:		
Contact Person(s):	Phone#:	Fax#:	email address:
Comments/observations at sample reception:			

Sample Matrix ID for Water Samples: DW - Drinking Water; NDW - Non-Drinking Water

Customer #:	Job #:	TESTS REQUIRED							
In-Lab Sample #	Customer's In-Field Sample Description	Collection Date	Collection Time	Sample Matrix					
Collected in-field by:		date	time	Relinquished by:				date	time
Relinquished by:		date	time	Received in laboratory by:				date	time
Relinquished by:		date	time	Temperature and Receipt Conditions:					