CHAIN OF CUSTODY/LABORATORY ANALYSIS REPORT FORM

Columbia Analytical Services™ 19408 Park Row, Ste 320 • Houston, TX 77084 • (713) 266-1599 • FAX (713) 266-0130

DATE_____ PAGE _____ OF_____

PROJECT NAME_____

PROJECT # _____

COMPANY/ADDRESS _____

_____PHONE_____

REPORT TO: _____

SAMPLE I.D.	DATE	TIME	SAMPLE MATRIX	NUMBER OF CONTAINERS	ANALYSIS REQUEST: 8290	1613B	1613 TCDD only	1668 WHO	1668 Full List														REMARKS

RELINQUISHED BY:

Signature

Printed Name

Firm

Date/Time

RECEIVED BY:

Signature

Printed Name

Firm

Date/Time

TURNAROUND REQUIREMENTS (in working days)

RUSH .....5 Days

RUSH .....10 Days

STD.....15 DAYS

DELIVERABLES

____ I. Analytical Report

____ II. Analytical Report + QC

____ IV. Data Validation Report (includes All Raw Data)

INVOICE INFORMATION:

P.O.# _____

Bill To_____

SAMPLE RECEIPT:

Opened by: _____

Inspected by: _____

Date: _____

Time: _____

RELINQUISHED BY:

Signature

Printed Name

Firm

Date/Time

RECEIVED BY:

Signature

Printed Name

Firm

Date/Time

SPECIAL INSTRUCTIONS/COMMENTS:

SAMPLER'S SIGNATURE

DISTRIBUTION: WHITE - return to originator; YELLOW -