



CHAIN OF CUSTODY

500 S. Arthur Avenue, Unit 450 - Louisville, CO 80027

(303) 661.9324 - FAX (303) 661.9325

| Client/Project Name: | | | | | Analysis (Check all applicable) | | | | | | | | | | | | | | | | | | |
|--|------|----------|-----------|---|--|-------------------------------|-----------------------------------|-----------------------------------|--|---------------------|------------------------------|---------------------|--------------------------|----------------|--|------------------|-----------------------------|--|--|--|--|----------------------|--------------|
| P.O./Project Number: | | | | | WET: Acute (Indicate Below) | WET: Chronic (Indicate Below) | WET: Accelerated (Indicate Below) | WET: PTI/TIE/TRE (Indicate Below) | | Metals (List Below) | Solids (TS/TDS/TSS) (Circle) | Anions (List Below) | Chromium III/VI (Circle) | Oil and Grease | Coliform (Total/Fecal/E-Coli) (Circle) | BOD/COD (Circle) | Other Analysis (List Below) | | | | | Number of Containers | Total Volume |
| Contact: | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | |
| Phone # | | E-Mail: | | | | | | | | | | | | | | | | | | | | | |
| Fax # | | Sampler: | | | | | | | | | | | | | | | | | | | | | |
| Report By: <input type="checkbox"/> Mail <input type="checkbox"/> PDF <input type="checkbox"/> FAX | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Location or ID | Date | Time | Grab/Comp | Lab ID <small>(LAB Use Only)</small> | | | | | | | | | | | | | | | | | | | |
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| Turnaround Requirements <small>(Analytical Testing Only)</small> Standard (10 days) _____ 6-9 Day _____ 3-5 Day _____ 1-2 Day _____ | Test Species: <input type="checkbox"/> Fathead Minnow <input type="checkbox"/> Cerio daphnia <input type="checkbox"/> Daphnia magna <input type="checkbox"/> Daphnia pulex <input type="checkbox"/> Other (List Below) |
|---|---|

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|---|--|
| Special Instructions/Comments: | |
| Requested Report Date: _____ | |

| Relinquished By (1) | | Received By (1) | | Relinquished By (2) | | Received By (2) | |
|---------------------|-----------|-----------------|-----------|---------------------|-----------|-----------------|-----------|
| Signature | Date/Time | Signature | Date/Time | Signature | Date/Time | Signature | Date/Time |
| | | | | | | | |