CHAIN OF CUSTODY RECORD

Page____of____

Specialty Analytical

11711 SE Capps Road
Clackamas, OR 97015
Phone: 503-607-1331
Fax: 503-607-1336

Contact Person/Project Manager_____

Company_____

Address_____

_____

Phone_____ Fax_____

Project No._____ Project Name _____

Project Site Location OR_____ WA_____ Other_____

Invoice To _____ P.O. No. _____

Collected By:

Signature_____

Printed_____

Signature_____

Printed_____

Turn Around Time

☐ Normal 5-7 Business Days

☐ Rush _____
Specify

Rush Analyses Must Be Scheduled With The Lab In Advance

For Laboratory Use

Lab Job No. _____

Shipped Via_____

Air Bill No. _____

Temperature On Receipt _____°C

Specialty Analytical Containers? ☐/☐

Specialty Analytical Trip Blanks? ☐/☐

Date	Time	Sample I.D.	Matrix	No. of Containers	Analyses										Comments	Lab I.D.

Relinquished By: Company:	Date	Time	Received By: Company:	Relinquished By: Company:	Date	Time
Unless Reclaimed, Samples Will Be Disposed of 60 Days After Receipt. Samples held beyond 60 days subject to storage fee(s)				Received For Lab By:	Date	Time

Copies: White-Original Yellow-Project File Pink-Customer Copy