

	<b>Specialty Analytical</b> 9011 SE Jannsen Rd Clackamas, OR 97015 Phone: 503-607-1331 Fax: 503-607-1336	<b>Chain of Custody Record</b>			
		Date: _____	Page: _____ of: _____	Laboratory Project No (internal): _____	
Client: _____		Project Name: _____		Temperature on Receipt: _____ °C	
Address: _____		Project No: _____ PO No: _____		Cooling: _____ Shipped Via: _____	
City, State, Zip: _____		Collected by: _____		Custody Seal: Y / N Intact / Broken Cooler / Bottle	
Telephone: _____		State Collected: OR WA OTHER		MDL TIER IV EDD	
AP Email: _____		Report To (PM): _____		Sample Disposal: <input type="checkbox"/> Return to client <input type="checkbox"/> Disposal by lab (after 60 days)	
		PM Email: _____			

Sample Name	Sample Date	Sample Time	Sample Matrix*	# of Containers	Requested Tests										Comments	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

\* Matrix: A = Air, AQ = Aqueous, L = Liquid, O = Oil, P = Product, S = Soil, SD = Sediment, SL = Solid, W = Water, DW = Drinking Water, GW = Ground Water, SW = Storm Water, WW = Waste Water, M = Miscellaneous

<b>Turn-around Time:</b>	Standard (5-7 Business):	3 Day:	2 Day:	Next Day:	Same Day:
Expedited turn-around requests should be coordinated in advance					
Relinquished x	Date/Time	Received x		Date/Time	
Relinquished x	Date/Time	Received x		Date/Time	
Relinquished x	Date/Time	Received x		Date/Time	