	Specialty Analytical 9011 SE Jannsen Rd Clackamas, OR 97015 Phone: 503-607-1331 Fax: 503-607-1336	Chain of Custody Record			
		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

Turn-around Time:	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	

Client Information includes all contact information and all emails report needs to be sent to and an AP email for invoicing

Filled out by Lab personnel upon sample arrival

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

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

All Requested testing listed here

Include sample names in this area along with date & time sampled, sample matrix, number of containers and check the boxes for the listed requested tests required per sample. Bottles do not need listed individually if it is all one sample.

Please note if you know or suspect that your sample may contain hazardous materials or chemicals

* 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

Choose TAT Turn-around Time: Standard: 3 Day: 2 Day: Next Day: Same Day:

Samples received after 3pm are considered as received the following business 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