

Chain of Custody

* Required Fields

TEMP: _____

Client/Company Name *:		Report Attention *:		Phone * #:		FAX * #:		ANALYSIS REQUESTED																					
Address * City * State * Zip *		Project Information:		PO #		BCL Quote #												Carbon Copies:											
How would you like your completed results sent? E-Mail Fax EDD Mail Only		QC Request		Result Request ** Surcharge		Regulatory Compliance												CDHS Fresno Co EPA											
Sampler Name Printed / Signature		STD Level II		STD 5 Day** 2 Day** 1 Day**		Electronic Data Transfer: Y N												Merced Co Tulare Co											
Matrix Types:		RSW = Raw Surface Water		CFW = Chlorinated Finished Water		CWW = Chorinated Waste Water		BW = Bottled Water																					
RGW = Raw Ground Water		FW = Finished Water		WW = Waste Water		SW = Storm Water		DW = Drinking Water		SO = Solid																			
Sample #	# Bottles	Sampled		Sample Description / Location *	Matrix *	Comments / Station Code																							
		Date	Time																										
Relinquished by: (Signature and Printed Name)				Company		Date	Time	Received by (Signature and Print Name)				Company																	
Relinquished by: (Signature and Printed Name)				Company		Date	Time	Received by (Signature and Print Name)				Company																	
Received for Lab by: (Signature and Printed Name)						Date	Time	Payment Received at Delivery:																					
								Date:	Amount:	Check/Cash/Card	PIA #	Init.																	
Shipping Method:						Cooling Method:						Packing Material:																	
CAO UPS GSO WALK-IN SJVC FEDEX OTHER						WET BLUE NONE																							