



Environmental Department  
 200 White Mountain Dr.  
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## CHAIN OF CUSTODY

In order for analysis to be completed correctly, please fill this out this form completely.  
 If you have any questions please contact the laboratory or the environmental manager.

CLIENT:		ACCOUNT NO:				TEST METHODS: (IF SPECIFIED)						State Samples Collected:							
REPORT ADDRESS:		INVOICE ADDRESS:																	
ATTN:		SAMPLED BY:				TESTS REQUESTED						# AND TYPE OF CONTAINERS							
PHONE NO:		P.O. NO:																	
EMAIL:		QUOTE NO:																	
TURNAROUND TIME (additional fees)		Date Needed: _____																	
<input type="checkbox"/> Standard (none) <input type="checkbox"/> 5 Day (+25%)		<input type="checkbox"/> 3 Day (+50%) <input type="checkbox"/> 24 hr Rush (+100%)																	
SAMPLE ID	DATE	TIME	C/G	MATRIX	FIELD pH														
QC DELIVERABLES:		COMMENTS:																	
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Other																			
RELINQUISHED BY:					DATE/TIME:					RECEIVED BY:					DATE/TIME:				
RELINQUISHED BY:					DATE/TIME:					RECEIVED BY:					DATE/TIME:				
MATRIX CODES: DE-drinking water SE-soil OE-oil IS-industrial solid IL-industrial liquid WE-groundwater UE-wastewater VE-sludge TE-tissue XE-fertilizer																			