Chain of Custody Record

Centrum Job #

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Please Circle Analyses Requested

Project No:	**Project Name:**
Project Manager:	**Phone:** **Fax:** **email:**
Client Name: (Report and Billing)	**Address:** (Report and Billing) Note: Reports and Invoice will be sent here

Centrum ID (Lab use only)	Sample ID (As it should appear on report)	Date sampled	Time sampled	Sample matrix	Site location	Containers: # and type	LUFT Diesel, or EPA 8015B DRO	LUFT Gas, or EPA 8015B GRO	Fuel ID (TVH, TEH), Carbon Chain (specify ranges)	8021B: BTEX/MtBE Only		VOCs: 8260B, or 624	VOCs: BTEX/Oxygenates Only	SVOCs: 8270C, or 625	8081A/8082: Pesticides, or PCBs, or Pest/PCB		Metals: Title 22 (CAM), or RCRA, or PP	Metals: TCLP, STLC	pH, TDS, TSS	418.1 (TRPH), or 413.2, or 1664		Remarks/Special Instructions

Turn-Around Time
see note *

- ☐ 24 Hr. RUSH *
- ☐ 48 Hr. RUSH *
- ☐ Normal TAT
- ☐ Other _____

* Requires PRIOR approval, additional charges apply

Requested due date: _____

1) Relinquished by: (Sampler's Signature)	**Date:**	**Time:**	**3) Relinquished by:**	**Date:**	**Time:**
2) Received by:	**Date:**	**Time:**	**4) Received by:**	**Date:**	**Time:**
			5) Relinquished by:	**Date:**	**Time:**
			6) Received for Laboratory by:	**Date:**	**Time:**

The delivery of samples and the signature on this chain of custody form constitutes authorization to perform the analyses specified above under the Terms and Conditions set forth on the back hereof.

Laboratory Notes:

To be completed by Laboratory personnel:

Chilled? ☐ Yes **Temp** ____C ☐ From Field

Custody seals? ☐ Yes ☐ No

All sample containers intact? ☐ Yes ☐ No

☐ Courier ☐ UPS/Fed Ex ☐ Hand carried

Sample Disposal

- ☐ Client will pick up
- ☐ Return to client
- ☐ Lab disposal

Sample Locator Number: _____

Report Formats: Check all applicable

☐ Paper report ☐ PDF report (include email address)

☐ LARWQCB ☐ EDF (include global ID) ☐ EDD (GISKEY) ☐ EDD (Other) *

* with prior approval only