



Company Name/Address:			Billing Information:				Analysis		Chain of Custody Page ___ of ___	
Report to:			Email To:						 12065 Lebanon Rd Mount Juliet, TN 37122 Phone: 615-758-5858 Phone: 800-767-5859 Fax: 615-758-5859 	
Project Description:			City/State Collected:							
Phone:		Client Project #		Lab Project #				L #		
Fax:								Table #		
Collected by (print):		Site/Facility ID #		P.O. #				Acctnum:		
Collected by (signature):		<i>Rush?</i> (Lab MUST Be Notified) ___ Same Day .....200% ___ Next Day .....100% ___ Two Day .....50% ___ Three Day .....25%		Date Results Needed				Template:		
				Email? ___No ___Yes		Canister Pressure/Vacuum		Prelogin:		
				FAX? ___No ___Yes				TSR:		
								PB:		
								Shipped Via:		

Sample ID	Sample Description	Can #	Date	Time	Initial	Final				

Remarks:						Hold #			
Relinquished by : (Signature)		Date:	Time:	Received by: (Signature)		Samples returned via: <input type="radio"/> UPS		Condition: (lab use only)	
						<input type="radio"/> FedEx <input type="radio"/> Courier <input type="radio"/> _____			
Relinquished by : (Signature)		Date:	Time:	Received by: (Signature)		Temp: °C Bottles Received:		COC Seal Intact: ___ Y ___ N ___ NA	
								pH Checked: NCF:	
Relinquished by : (Signature)		Date:	Time:	Received for lab by: (Signature)		Date:	Time:		