



Company Name/Address:				Billing Information:				Analysis / Container / Preservative								Chain of Custody		Page ___ of ___			
Report to:				Email To:												 Pace Analytical® National Center for Testing & Innovation		12065 Lebanon Rd Mount Juliet, TN 37122 Phone: 615-758-5858 Phone: 800-767-5859 Fax: 615-758-5859			
Project Description:		NPDES Permit # or Facility ID		Lab Project #		L #															
Phone:		Client Project #		P.O. #		Table #															
Fax:						Acctnum:															
Collected by (print):		Site Information		Date Results Needed		Template:															
Collected by (signature):		City:		Email? ___No ___Yes FAX? ___No ___Yes		Prelogin:															
		County:				On Ice?		TSR:													
		State:				PB:															
Biomonitoring Sample ID		Comp/Grab	Start Date	Start Time	End Date	End Time	Ice?	Shipped Via:		Number of Sample Containers	Sample # (lab only)										
1)																					
2)																					
3)																					
4)																					
5)																					
6)																					
Site Information		Mean Daily Discharge (flow)		Weather Outside temperature?		Temperature of Sample		pH of Sample		Chlorine		Ammonia		Other							
Notes:		(include units)		Rain?		D.O. of Sample															
										Hold #											
Relinquished by : (Signature)		Date:	Time:	Received by: (Signature)			Samples returned via: <input type="radio"/> UPS <input type="radio"/> FedEx <input type="radio"/> Courier <input type="radio"/> _____			Condition: (lab use only)											
Relinquished by : (Signature)		Date:	Time:	Received by: (Signature)			Temp: °C Bottles Received:			COC Seal Intact: ___Y ___N ___NA											
Relinquished by : (Signature)		Date:	Time:	Received for lab by: (Signature)			Date:	Time:		pH Checked:	NCF:										