

CHAIN OF CUSTODY/WORKORDER FORM

COC:

CLIENT INFORMATION				Contact Person:			Requested Analysis									
															Page 1 of 1	
Customer:							Perserva	tive Added								
Address:				WWTP APDES #:											Requested TAT:	
City, State Zip:				PWS ID #:											☐ Normal Turnaround	
Phone:				Send Results to ADEC:											□ RUSH by:	
Fax:				☐ Yes ☐ No											DATE:	
Email:				Purchase Order/Charge Code:												
Project Name:				Number of Co												
Sampled By:																
Sample Identification	Sample Date	Sample Time	Matrix	Lab ID#	Sub Lab ID#										Sample Comments	
		Special Instr	C Requirements &						Sample Temperatures							
													Pollen Env Temperature on arrival: °C			
													_			
												Sub Lab	arrival: °C			
Relinquished by:		Company:		Date & Time:		Received by:				Company:			Date & 1	Date & Time:		
Relinquished by:		Company:		Date & Time:			Received by:				Compan	Company: Date			Time:	
Relinquished by:		Company:		Date & Time:			Receive	Received by: Co				Date &			Time:	
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