



LABORATORIES, Inc.
 2616 East Broadway Avenue
 Bismarck, ND 58501

Chain of Custody Record - Chemistry

Form # 10-90009-0

Page _____ of _____

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Toll Free: (800) 279-6885

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Work Order #
<small>Lab Use Only</small>

Company Name and Address:	Account #:	Phone #:
	Contact:	Fax #: For faxed report check box <input type="checkbox"/>
Billing Address (indicate if different from above):	Name of Sampler:	E-mail: For e-mail report check box <input type="checkbox"/>
	Quote Number	Date Submitted:
	Project Name/Number:	Purchase Order #:

Sample Information			Filtered Y or N		Bottle Type											Analysis	
Lab Use Only	Sample ID	Sample Type (Soil, Water, Etc.)	Date Sampled	Time Sampled	Untreated	Sterile	500 ml HNO3	1000 ml H2SO4	250 ml H2SO4	1000 ml NaOH	Amber HCl	Amber Unpres.	VOC Vials HCl	Glass Narrow Neck H2SO4	VOC Vials H2SO4	Other:	Analysis Required

Comments:

Transferred by:	Date:	Time:	Sample Condition:	Received by:	Date:	Time:	Temp:
1.							
2.							

Please submit the top two copies with your samples. We will return the completed original with your results.