



Minnesota Valley Testing Laboratories, Inc.
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Chain of Custody

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Lab Use Only

Work Order #
Lab Use Only

Company Name and Address	Account #	Phone #	
	Contact	Emails	
	Name of Sampler		
Billing Address (indicate if different from above)	Quote Number		Date Submitted
	Project Name/Number		Purchase Order #

Lab Use Only	Lab Number	Sample ID	Field pH	Field Temp Circle: °C/°F	Sample Matrix <small>Pool PW</small> Potable Water GW - Groundwater WW - Wastewater SW - Surface Water S - Soil/Sludge O- Other	Date Sampled	Time Sampled	# of Bottles	Filtered Y/N	Analysis Required

Comments:

Transferred by	Date	Time	Received by	Date	Time	Temp °C	ROI	TMD#
1.							Y / N	TM
2.							Y / N	TM

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