



**Minnesota Valley Testing Laboratories, Inc.**  
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**Chain of Custody Record**  
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*Lab Use Only*

**Company Name and Address:**

**Account #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Billing Address (indicate if different from above):**

**Contact (Report to):**

**Name of Samplers:**

**Quote Number**

**Date Submitted:**

**Project Name/Number:**

**Purchase Order #:**

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

**Comments:**

**Sample Information**

**Sample Type Codes: Drinking Water = DW, Groundwater = GW, Stormwater = ST, Surface Water = SW, Wastewater = WW, Solid = S, Compost = C**

Lab Use Only Lab #	Sample ID	Sample Type	Date Sampled	Time Sampled	Number of Bottles	Analysis

Enclosed are your containers for your sampling event. Completely fill and label containers appropriately for the analyses to be conducted. Complete chain of custody and submit with samples. For questions regarding individual parameter holding times, chemical and thermal preservation and sample volumes please refer to our sample preservation guide on our website at [www.mvtl.com](http://www.mvtl.com) or by contacting customer service at 1-800-782-3557. If samples show signs of contamination, inadequate preservation or are in any way compromised you will be contacted as to whether to proceed with analysis or submit a new sample.

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