Minnesota Valley Testing Laboratories, Inc.
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Lab Use Only

Chain of Custody

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Work Order #
MVTL Use Only

Company Name and Address	Account #	Phone #
	Contact Name	Email Addresses for Reports
Billing Address (only required if different from above)	Name of Sampler	
	Quote Number (if available)	Date Submitted
	Project Name/Number (if required)	Purchase Order# (if required)

For MVTL Use Only Lab Number	Sample ID	Client Provided pH	Client Provided Temp Circle: °C/°F	Sample Matrix Pool PW- 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 (observed/corrected)	ROI	TMD#
1.						/	Y / N	TM
2.						/	Y / N	TM

Please submit this document with your samples.