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Project Contact (Hardcopy or PDF To):		California EDF Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company / Address:		California EDT Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:		Sampling Company Log Code: NA
Fax #:		Global ID: NA
Project #:	P.O. #:	PDF/EDF Deliverable To (Email Address):
Project Name:		Sampler Name (PRINT):
		Sampler Signature:

CHAIN OF CUSTODY RECORD															TAT	
Analysis Request															Rush	
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SAMPLE ID	SAMPLING		# Containers	Container					Preservative					Matrix						
	Date	Time		40 ml VOA	Sleeve	500 mL amber	1 L amber	IDEXX Bacti	HCl	HNO ₃	None	Na ₂ S ₂ O ₃	Other: 4°C / ICE	Ground Water	Waste Water	Drinking Water	Sludge	Soil	Air	Other:
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Remarks:	
Relinquished by:	Date:	Time:	Received by:	Date:	Time:		Bill to:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:		

For Lab Use Only: Sample Receipt				
Temp °C	Initials	Date	Time	Condition