



Chain of Custody Record

Laboratory Number: LAB USE ONLY

Client Information:		Billing Information:		PO Number:	Project Name/Number:	Page _____ of _____
Company Name:				Quote Number:		
Contact Name:				Required QC Level:	Sampler's Signature:	Turn Time <input type="checkbox"/> Standard <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> Other (Rush turn times will incur a surcharge and must be pre-approved by lab.)
Address:						
City, State, Zip:				Bill Monthly	Shipping Method:	
Phone Number: Ext:		Ext:		<input type="checkbox"/> Yes		
Fax Number:				<input type="checkbox"/> No		
Email Address:						

Which Regulations Apply: <input type="checkbox"/> RCRA <input type="checkbox"/> POTW <input type="checkbox"/> NPDES <input type="checkbox"/> USDA/FDA <input type="checkbox"/> RECAP/RISC <input type="checkbox"/> Drinking Water <input type="checkbox"/> Distribution <input type="checkbox"/> Special <input type="checkbox"/> State <input type="checkbox"/> Other	Matrix Code: AQ = Aqueous DW = Drinking WW = Waste MW = Monit. Well LQ = Liquid	SO = Soil O = Oil SL = Sludge F = Food SW = Swab SOL = Solid	Container		Pres. HCl, HNO ₃ , H ₂ SO ₄ NaOH, Na ₂ S ₂ O ₃	Requested Tests										Comments:	
			Quantity	Type P = Plastic G = Glass, V = Vial													
Sample ID/Description	Date	Time	Grab / Composite	Matrix													

	Relinquished by	Date/Time	Received by	Date/Time	Field Notes:
1					
2					
3					Received on ice? <input type="checkbox"/> Yes <input type="checkbox"/> No
4					Temp:

All samples submitted to Green Country Testing for analysis are accepted on a custodial basis only. Ownership of the material remains with the client submitting the samples. Green Country Testing reserves the right to return unused sample portions.

Green Country Testing
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