

## Chain of Custody Form for Legal Samples IDNR # 396

Client Information    Date:  Submitted by:    Company:     Address:     City:  State:     Telephone #:							Submitted to: Storage/Conditions when Received:													
							Matrix		_			Ana	ilysis F	Request	ed:					
Sample ID & Location	Date Sampled	Time Sampled	G = Grab, C = Comp.	Sampled By	Temp Received (°C)	Size of Sample & Container Type	GW – Groundwater SW = Stormwater WW = Wastewater												FAL Lot Number	
Remarks: (reason for investigation, clinical symptoms, background info, condition of sample)																				
Chain of Custody Record																				
Relinquished by:		Date: Time:					Re	Received by:			Remarks:									
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Relinquished by:	Date:	Received by:	Remarks:					
	Time:							
Relinquished by:	Date:	Received by:	Remarks:					
	Time:							
Relinquished by:	Date:	Received by:	Remarks:					
	Time:							
Relinquished by:	Date:	Received by:	Remarks:	Remarks:				
	Time:							
Relinquished by:	Date:	Received by:	Remarks:					
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	Time:							
Relinquished by:	Date:	Received by:	Remarks:					
	Time:							
Relinquished by:	Date:	Received by:	Remarks:					
	Time:							
Relinquished by:	Date:	Received by:	Remarks:					
	Time:							
Laboratory Use:								
Seal Broken by:	Dat	e Broken:	Time: Sample Stored:	<u>° C</u>				
Date Testing/Analys	sis Initiated:	Date Testing,	/Analysis Completed					

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