

	Specialty Analytical 9011 SE Jannsen Rd Clackamas, OR 97015 Phone: 503-607-1331 Fax: 503-607-1336	Chain of Custody Record			
		Date: _____	Page: _____	of: _____	Laboratory Project No (internal): _____

Client: _____	Project No: _____	PO No: _____	Temperature on Receipt: _____
Address: _____	Collected by: _____		Notes: _____
City, State, Zip: _____	State Collected: OR WA OTHER		Shipped Via: _____
Telephone: _____	Report To (PM): _____		Sample Disposal: <input type="checkbox"/> Return to client <input type="checkbox"/> Disposal by lab (after 60 days)

Invoice To: _____ PM Email: _____

Sample Name	Sample Date	Sample Time	Sample Matrix*	# of Containers	Requested Tests										Comments	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

*Matrix: A = Air, AQ = Aqueous, O = Other, P = Product, S = Soil, SD = Sediment, SL = Solid, W = Water, DW = Drinking Water, GW = Ground Water, SW = Storm Water, WW = Waste Water **Metals

Turn-around Time: Standard (5-7 Business): _____ 3 Day: _____ 2 Day: _____ Next Day: _____ Same Day: _____

Relinquished x	Date/Time		Received x	Date/Time
Relinquished x	Date/Time		Received x	Date/Time