



Specialty Analytical
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Chain of Custody Record

Date:	Page: of:	Laboratory Project No (internal):
Project Name:		Temperature on Receipt: °C
Client:	Project No: PO No:	Cooling: Shipped Via:
Address:	Collected by:	Custody Seal: Y / N Intact / Broken Cooler / Bottle
City, State, Zip:	State Collected: OR WA OTHER	MDL TIER IV EDD
Telephone:	Report To (PM):	Sample Disposal: <input type="checkbox"/> Return to client <input type="checkbox"/> Disposal by lab (after 60 days)
AP Email:	PM Email:	

Sample Name	Sample Date	Sample Time	Sample Matrix*	# of Containers	Requested Tests												Please note if you know or suspect that your sample may contain hazardous materials or chemicals Comments:
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

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

Turn-around Time:	Standard :	3 Day:	2 Day:	Next Day:	Same Day:
Samples received after 3pm are considered as received the following business day			Expedited turn-around requests should be coordinated in advance		
Relinquished x	Date/Time	Received x	Date/Time	Received x	Date/Time
Relinquished x	Date/Time	Received x	Date/Time	Received x	Date/Time
Relinquished x	Date/Time	Received x	Date/Time	Received x	Date/Time