

Water Testing Labs of Maryland / Chesapeake Labs

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CHAIN OF CUSTODY

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------|---------------|--------------------------|--------------------------|-----------------------|--|---|--|--|--|--|------------|----------|--|--------------------------|--|--------------------|---|------------------|-------------|---------|
| CLIENT NAME: | | | | | ANALYSIS REQUESTED | | | | | | | | | | LAB ID NUMBER ↓ | <u>CONTAINER TYPE</u> P – PLASTIC A – AMBER GLASS G – CLEAR GLASS V – VOA VIAL S – STERILE O – OTHER | | <u>PRESERVATION</u> 1 – HCl, 4° 2 – H ₂ SO ₄ , 4° 3 – HNO ₃ , 4° 4 – NaOH, 4° 5 – NaOH/ZnAc, 4° 6 – Na ₂ S ₂ O ₃ , 4° 7 – 4° 8 – none | | | |
| CLIENT ADDRESS/PHONE NUMBER/FAX NUMBER: | | | | | CONTAINER: | | | | | | | | | | | | | *MATRIX CODES | | | |
| ATTENTION: | | | | | PRESERV. : | | | | | | | | | | | | | DW – DRINKING WATER | | S – SOIL | |
| REQUESTED COMPLETION DATE: | | | | | # of | | | | | | | | | | | | | WW – WASTE WATER | | SL – SLUDGE | |
| PROJECT NAME/STATE: | | | | | CONTAINERS ↓ | | | | | | | | | | | | | GW – GROUND WATER | | SD – SOLID | |
| PROJECT #: | | | | | | | | | | | | | | | | | | | ST – STORM WATER | | A – AIR |
| DATE | TIME | MATRIX CODE * | C O M P | G R A B | SAMPLE IDENTIFICATION | | | | | | | | | | | | | SW – SURFACE WATER | | L – LIQUID | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | P – PRODUCT | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | REMARKS/ADDITIONAL INFORMATION | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| SAMPLED BY: | | | | | DATE/TIME: See Above | | RELINQUISHED BY: | | | | | DATE/TIME: | | | | | FOR LAB USE ONLY | | | | |
| RECEIVED BY: | | | | | DATE/TIME: | | RELINQUISHED BY: | | | | | DATE/TIME: | | | | | Comments: | | | | |
| RECEIVED BY: | | | | | DATE/TIME: | | RELINQUISHED BY: | | | | | DATE/TIME: | | | | | LAB # | | | | |
| RECEIVED BY LAB: | | | | | DATE/TIME: | | SAMPLE SHIPPED VIA: UPS FED-EX COURIER CLIENT/OTHER FIELD SERVICES | | | | | | | | | | In-house location: | | | | |
| pH: | Labeled Preserved | | | | Ice: Yes or No | | Temperature: | | | Custody Seal: Intact Broken/Missing | | | COOLER # | | | Entered into LIMS: | | | | | |

Please use Black Ink to complete form