



C-

# CHAIN-OF-CUSTODY / ANALYTICAL REQUEST DOCUMENT

1602 Parkwest Drive  
Hastings, NE 68901

1816 East Wyatt Earp  
Dodge City, KS 67801

6921 South Bell  
Amarillo, TX 79109

**800-557-7509**

<b>Required Client Information:</b> Company:	<b>Section A</b>	<b>Required Client Information:</b> Report To:	<b>Section B</b>	Page: <input type="text"/> of <input type="text"/>	<b>Section C</b>
Address:		Invoice To:	Client Information (Check quote/contract):		To Be Completed by Servi-Tech and Client Quote Reference:
		P.O.:	Requested Due Date:	*TAT:	Project Manager:
		Project Name:	* Turn around times less than 14 days subject to laboratory and contractual obligations and may result in a Rush Turnaround Surcharge.		Project #:
Phone:	Fax:	Project Number:			Profile #:
			Turn Around Time (TAT) in calendar days.		<b>Requested Analysis or Package:</b>

ITEM#	Section D <b>Required Client Information:</b> <b>SAMPLE ID</b> <small>Sample IDs MUST BE UNIQUE</small>		Valid Matrix Codes <b>MATRIX</b>	CODE	MATRIX CODE	DATE COLLECTED <small>mm / dd / yy</small>	TIME COLLECTED <small>hh: mm a/p</small>	Preservatives						Remarks
	<small>(Lab Use Only) LAB#</small>		<small>DRINKING WATER OTHER WATER ENV. SOIL SOLID WASTE AG SOIL FEED FERTILIZER PLANT OTHER</small>	<small>DW AQ SL SW AS FD FT PT OT</small>				#Containers	Unpreserved	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

Lab Use Only <input type="checkbox"/> Paid <input type="checkbox"/> Sample Acceptable    Yes    No Comments: <u>CSX</u> Container: U <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> Temp: I _____ °C Date/Initial: _____	<b>SAMPLER NAME AND SIGNATURE</b> PRINT Name of SAMPLER: _____ SIGNATURE of SAMPLER: _____      DATE signed: (MM / DD / YY) _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Relinquished By / Company</th> <th style="width:10%;">Date</th> <th style="width:10%;">Time</th> <th style="width:30%;">Accepted By / Company</th> <th style="width:10%;">Date</th> <th style="width:10%;">Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Relinquished By / Company	Date	Time	Accepted By / Company	Date	Time																		
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