



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

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

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

SAMPLER NAME AND SIGNATURE					
Lab Use Only	Paid	PRINT Name of SAMPLER:			
Sample Acceptable	Yes No	SIGNATURE of SAMPLER: Date signed: (MM / DD / YY)			
Comments: CSX					
Container: U B N S H O		Relinquished By / Company	Date	Time	Accepted By / Company
Temp: I °C Date/Initial:					