Chain of Custody Record

Laboratory Job Number: _____

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Alexin Analytical LABORATORIES, INC. Professional Laboratory Services

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Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name:	Project Manager:	Accounts Payable Contact:
Address:	Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
phone:	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:		P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:	Permit #:

Send results to OR State Health Division? (Please circle) Yes No

Lab ID **Lab use only**	Sample Identification — Please enter a unique ID per line for each separate sample	**Date Collected**	(Begin-End if comp.) **Time Collected**	**Sample Matrix***	# of cont. rec'd	Analysis Requested**								SEE ATTACHED	Sample Specific Notes/Field Data for *each* WW sample, specify **Grab** / **Composite** for *each* DW sample, specify **Raw** / **Treated**, **Source** / **Distribution**, **Single** / **Combined** WHERE APPLICABLE

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

The most current revision of SOP-10-003 was used when these samples were collected ☐

Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: _____ °C Containers Intact? Y N On ice? Y N **ID: TRM-10-** _____

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.