

# CHAIN OF CUSTODY

— ONLY FOR USE WITH SOIL, SOLIDS & FUNGAL GNAT SAMPLES

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TRIES Lab

## CLIENT INFORMATION

Company:

Address:

Phone:

City/State/Zip:

Report Contact Name:

Report Contact Email:

Invoice Contact Name:

Invoice Contact Email:

## WORK ORDER INFORMATION

Sampled By:

Transported By\*:

*\*For shipped samples leave Transported By blank.*

Turnaround Requested:  Standard (10 Days)  Expedite\* (5 Days)

*\*Call lab for details.*

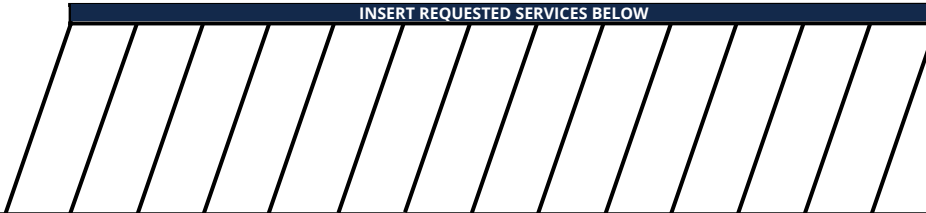
Special Instructions:

## REQUESTED SERVICES

**STEP 1** - Enter your responses to the below four columns with blue headings.

**STEP 2** - Provide the services you require for each sample in the corresponding columns of that row. A list of available services can be found on the back of this sheet.

INSERT REQUESTED SERVICES BELOW



Sample Description	Sampling Date	Sampling Time	Grab or Composite	INSERT REQUESTED SERVICES BELOW										Lab Use Only			
																Remarks	ID

## SAMPLE TRACKING

Relinquished by:  Name:  Date/Time:  Received by:  Name:  Date/Time:

Lab Use only Shipped:  Delivered:  Container Tape Present:  Container Tape Intact:  Broken:  Leaking:  Preserved:  Matching COC & Labels:  Sufficient Quantity:  TL Number: