SilverState Analytical Laboratories
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CHAIN-OF-CUSTODY RECORD

Page _____ of _____

Project/Job #:	Payment Method/PO #:	REPORT RESULTS TO:	Name:
SEND INVOICE TO: Name:			Company:
Company:			Mailing Address:
Mailing Address:			City, State, Zip:
City, State, Zip:			Phone: Fax:

Sampled By:	Turnaround Time (Specify Below with an X):	Other Pertinent Info:
Report Attention:	Standard 10 Business Days ☐	
On-Site pH/Temperature:	Rush: 24h 48h 72h Other	
	NOTE: A surcharge is applied for rush samples	

Date Sampled	Time Sampled	Sample Location/ Sample ID	Silver State Lab ID	Comp/ Grab	Matrix*	Preservative	Number/Type of Containers**	ANALYSES REQUESTED	Circle Applicable Program: SDWA CWA RCRA Other Reporting requirements: RL MDL PQL Report Level: I II III IV NOTE: Surcharges apply to Level III and IV reports
									*Metals:

Tampering with sample name, date, time, and location may constitute fraud	Time/Date:		Time/Date:
Relinquished by Signature/Print:	Time/Date:		Time/Date:
Relinquished by Signature/Print:	Time/Date:		Time/Date:
Relinquished by: Signature/Print			

Authorized by: _____ Date: _____
Authorization is required to process samples. This obligates your organization for fee pertaining to services rendered. If collections or legal services are required to recover said fees, your organization will be responsible for all fees and cost in addition to service fees.

Method of Delivery: Receiving Laboratory:

Special Instructions:

Note: Samples are discarded 30 days after results are reported. Samples deemed hazardous are returned to the client upon completion of analysis.

* Key: AQ – Aqueous S – Soil W – Waste OT – Other

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** Key: P – Plastic G – Glass V – VOA Vial OT - Other