Excelchem
Laboratories, Inc

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CHAIN-OF-CUSTODY RECORD AND ANALYSIS REQUEST

Project Manager:

Phone #:

Fax#:

Company/Address:

Project Number/P.O.#:

Billing Address:

Project Location:

Project Name:

Sampler Name and Signature:

Electronic Data Deliverables Request:
- [ ] PDF/Standard Report
- [ ] EDD
- [ ] Geotracker (Global ID) _____
- [ ] Other (please specify) _____

Email Address:

ANALYSIS REQUEST **Page ___ of ___**

Bin#

Due Date:

Work Order:

Sample ID	Sampling		Container					Method Preserved				Matrix			Requested TAT:	LAB USE ONLY:
	Date	Time	VOA	SLEEVE	GLASS	PLASTIC		ACID:	ICE	NONE/OTHER		WATER	SOIL	AIR		

Relinquished by: (sign and print) Date Time

Received by: (sign and print)

Relinquished by: (sign and print) Date Time

Received by Laboratory: (sign and print)

Remarks/Notes: