



Environmental LABORATORY SERVICES

7280 Caswell Street, Hancock Air Park North Syracuse, NY 13212

(866) LAB-TIME FAX (315) 458-0526 (315) 458-8034

CHAIN OF CUSTODY RECORD and Authorization for Analysis

Billing Information						Phone _____ Fax _____ Email _____ <input type="checkbox"/> Telephone Results <input type="checkbox"/> Email Results <input type="checkbox"/> Fax Results										Site Address:																								
Name			Quote No.			City, State, Zip																																		
Company			Job No.			Standard Turn Around Time is end of day, 10 Work Days after lab receipt. Surcharges may apply for Express Service. <input type="checkbox"/> Same Day <input type="checkbox"/> 1 Work Day <input type="checkbox"/> 2 Work Days <input type="checkbox"/> 3 Work Days <input type="checkbox"/> 4 Work Days <input type="checkbox"/> 5 Work Days <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____										Analysis Requested																								
Address			PO No.			Time Required: _____																																		
City, State, Zip			Sample State of Origin CT <input type="checkbox"/> NJ <input type="checkbox"/> MA <input type="checkbox"/> MD <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> Other _____			Sample Receipt Temperature _____ °C																																		
Matrix Codes																																								
AR - Air DW - Drinking Water FT - Filter GW - Ground Water OL - Oil PC - Paint Chips PR - Product SL - Sludge SD - Solid/Soil SW - Surface Water SB - Swab TP - Tape WP - Wipe WW - Waste Water			Remarks/Special Instructions: DEC Spill # _____ DEC Pin # _____			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="10">Container Type / Preservative</th> <th colspan="2"></th> </tr> <tr> <th>Number of Containers</th> <th>Plastic / No Preservatives</th> <th>Plastic / HNO3</th> <th>Plastic H₂SO₄</th> <th>Plastic / NaOH+Ascorbic Acid</th> <th>Plastic / Zinc Acetate + NaOH</th> <th>Plastic/Glass / Sodium Thiosulfate</th> <th>Glass / No Preservative</th> <th>Glass / H₂SO₄</th> <th>VOA / HCL</th> <th>Other: (specify)</th> <th></th> <th></th> </tr> </thead> </table>										Container Type / Preservative												Number of Containers	Plastic / No Preservatives	Plastic / HNO3	Plastic H ₂ SO ₄	Plastic / NaOH+Ascorbic Acid	Plastic / Zinc Acetate + NaOH	Plastic/Glass / Sodium Thiosulfate	Glass / No Preservative	Glass / H ₂ SO ₄	VOA / HCL	Other: (specify)		
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ELS Use Only	Date	Time	Comp/Grab	Matrix	Sampling Location/Sample ID																																			

Relinquished by:		Date	Time	Received by:		Date	Time
Relinquished by:		Date	Time	Received by:		Date	Time
Relinquished by:		Date	Time	Received at Lab by:		Date	Time
Sampler Signature		Date	Time				