



# Chain Of Custody Form

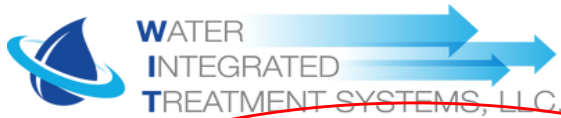
14753 Greenwood Road  
 Dolton, IL 60419  
 Phone (708) 880-0400  
 Fax: (708) 896-6194  
[www.waterITsystems.com](http://www.waterITsystems.com)

| Client Information |  |
|--------------------|--|
| Company:           | Company XYZ  |
| Address:           | 3333 N. Third  |
| City/State/Zip:    | Threeville, IL 30303   |
| Phone #:           | 333-333-3333   |
| Contact Name:      | James Threeman   |
| E-mail:            | <a href="mailto:J.Threeman@xyzCompany.com">J.Threeman@xyzCompany.com</a> |
| PO#:               | N/A  |

| Test/Method Requested |    |                  |      |          |                  |  |  |  |  |  |  |  |
|-----------------------|----|------------------|------|----------|------------------|--|--|--|--|--|--|--|
| Sodium                | pH | Specific Gravity | Lead | Chloride | Water Solubility |  |  |  |  |  |  |  |
| x                     | x  | x                | x    | x        |                  |  |  |  |  |  |  |  |
| x                     | x  | x                | x    | x        |                  |  |  |  |  |  |  |  |
| x                     | x  |                  | x    |          | x                |  |  |  |  |  |  |  |
| x                     | x  |                  | x    |          | x                |  |  |  |  |  |  |  |
|                       |    |                  |      |          |                  |  |  |  |  |  |  |  |
|                       |    |                  |      |          |                  |  |  |  |  |  |  |  |
|                       |    |                  |      |          |                  |  |  |  |  |  |  |  |
|                       |    |                  |      |          |                  |  |  |  |  |  |  |  |
|                       |    |                  |      |          |                  |  |  |  |  |  |  |  |

| Lab Use | Client Information |                         |      |      |                             |
|---------|--------------------|-------------------------|------|------|-----------------------------|
|         | No.                | Sample Name/Description | Date | Time | Comments                    |
|         | 1                  | Drain Water             |      |      |                             |
|         | 2                  | Ocean Water             |      |      |                             |
|         | 3                  | Beach Sand, North Shore |      |      |                             |
|         | 4                  | Beach Mud, South Shore  |      |      | Sample may have strong odor |
|         | 5                  |                         |      |      |                             |
|         | 6                  |                         |      |      |                             |
|         | 7                  |                         |      |      |                             |
|         | 8                  |                         |      |      |                             |
|         | 9                  |                         |      |      |                             |
|         | 10                 |                         |      |      |                             |

|  |  |                   |  |
|--|--|-------------------|--|
| Required Turnaround Time: (Checkbox)<br><input type="checkbox"/> 24 hours-3 business days 100% surcharge<br><input type="checkbox"/> 7-9 business days: 50% surcharge<br><input checked="" type="checkbox"/> 4-6 business days: 75% surcharge<br><input type="checkbox"/> 10 + business days: Standard, no surcharge |  | Results Due Date: |  |
| Sampled By (Print and Sign): <i>James Threeman / James Threeman</i>  |  | Date: 3/3/2003    |  |
| Relinquished By:   |  | Time: 3:03 PM     |  |
| Received By:   |  | Date/Time:        |  |
| Notes:   |  |                   |  |



# Chain Of Custody Form

1. Fill out company and client information

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| Client Information |  |
|--------------------|--|
| Company:           |  |
| Address:           |  |
| City/State/Zip:    |  |
| Phone #:           |  |
| Contact Name:      |  |
| E-mail:            |  |
| PO#:               |  |

2. List sample information

3. List tests and indicate which samples need them

| Test/Method Requested |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|
|                       |  |  |  |  |  |  |  |  |  |  |  |
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| Lab Use | Client Information |                         |      |      |          |
|---------|--------------------|-------------------------|------|------|----------|
|         | No.                | Sample Name/Description | Date | Time | Comments |
|         | 1                  |                         |      |      |          |
|         | 2                  |                         |      |      |          |
|         | 3                  |                         |      |      |          |
|         | 4                  |                         |      |      |          |
|         | 5                  |                         |      |      |          |
|         | 6                  |                         |      |      |          |
|         | 7                  |                         |      |      |          |
|         | 8                  |                         |      |      |          |
|         | 9                  |                         |      |      |          |
|         | 10                 |                         |      |      |          |

4. Select desired Turnaround time

|   |              |                   |
|---|--------------|-------------------|
| Required Turnaround Time: (Checkbox)<br><input type="checkbox"/> 24 hours-3 business days 100% surcharge <input type="checkbox"/> 4-6 business days: 75% surcharge<br><input type="checkbox"/> 7-9 business days: 50% surcharge <input type="checkbox"/> 10 + business days: Standard, no surcharge |              | Results Due Date: |
| Sampled By (Print and Sign):  |              | Notes:            |
| Relinquished By:  | Received By: | Date/Time:        |



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| Client Information |  |
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| Address:           |  |
| City/State/Zip:    |  |
| Phone #:           |  |
| Contact Name:      |  |
| E-mail:            |  |
| PO#:               |  |

| Test/Method Requested |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|
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| Lab Use | Client Information |                         |      |      |          |
|---------|--------------------|-------------------------|------|------|----------|
|         | No.                | Sample Name/Description | Date | Time | Comments |
|         | 1                  |                         |      |      |          |
|         | 2                  |                         |      |      |          |
|         | 3                  |                         |      |      |          |
|         | 4                  |                         |      |      |          |
|         | 5                  |                         |      |      |          |
|         | 6                  |                         |      |      |          |
|         | 7                  |                         |      |      |          |
|         | 8                  |                         |      |      |          |
|         | 9                  |                         |      |      |          |
|         | 10                 |                         |      |      |          |

|   |  |   |
|---|--|---|
| Required Turnaround Time: (Checkbox)<br><input type="checkbox"/> 24 hours-3 business days 100% surcharge<br><input type="checkbox"/> 7-9 business days: 50% surcharge<br><input type="checkbox"/> 4-6 business days: 75% surcharge<br><input type="checkbox"/> 10 + business days: Standard, no surcharge |  | Results Due Date:<br>_____<br>Notes:<br>_____ |
| Sampled By (Print and Sign): _____  |  | Date: _____ Time: _____                       |
| Relinquished By: _____  |  | Received By: _____ Date/Time: _____           |