



Chain Of Custody Form

1. Fill out company and client information

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

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 Dolton, IL 60419
 Phone (708) 880-0400
 Fax: (708) 896-6194
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2. List sample information

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

Test/Method Requested									

3. List tests and indicate which samples need them

4. Select desired Turnaround time

Required Turnaround Time: (Checkbox) <input type="checkbox"/> 24 hours-3 business days 100% surcharge <input type="checkbox"/> 4-6 business days: 75% surcharge <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:		Date: Time:
Received By:		Date/Time: