

Client #	
W.O.	
Quote #	

CHAIN OF CUSTODY



Microbac Laboratories, Inc
Camp Hill Division
 209 Senate Avenue Camp Hill, PA 17011
 P: 717-763-0582 F: 717-214-1269

(1) Customer Information					(2) Turn Around Time			Report Type				State Reporting								
(1) Client/Company Name: Address: City, State, Zip: Contact: Telephone: Project: Location: Sampler: PO: Send Report via <input type="checkbox"/> Mail <input type="checkbox"/> Fax# <input type="checkbox"/> Email: Compliance Monitoring: <input type="checkbox"/> YES <input type="checkbox"/> NO State: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly PWSID # Comments:					<input type="checkbox"/> Rush Due Date: _____ <input type="checkbox"/> Routine			<input type="checkbox"/> Results Only <input type="checkbox"/> Custom: _____				Monitoring Period: _____ to _____								
												(4) Analyses/Method Requested			Sample Receiving					
					Receiving Initials: _____															
					Cooler Temp: _____															
					Circle One															
					Samples received on ice?	Y	N													
					Samples in good condition?	Y	N													
Containers match method?	Y	N																		
Correct sample volume?	Y	N																		
Headspace present?	Y	N																		
Complete paperwork?	Y	N																		
Samples within holding time?	Y	N																		
Comments:												Container*								
												Preservative**								
(3) Sample ID/Description <small>(Include Location Code for State Reporting)</small>		State Type/ Matrix**	Grab / Composite	Date Collected	Time Collected	Number of Containers per Analysis								Comments:						
1																		Client Notified? <input type="checkbox"/> Y <input type="checkbox"/> N		
2																		Date: _____		
3																		Field Services:		
4																		Pick-up	Y	N
5																		Composite Sampling	Y	N
6																		Labor - Hours:	Y	N
7																		Other		
(6) Relinquished By/Company				Date	Time	Received By						Date	Time	PYMT						
1						2								PYMT						
3						4														
5						6														

*Container Type: (AG) Amber Glass (CG) Clear Glass (PL) Plastic (O) Other

Matrix Types: (S) Solid/Soil/Sludge (O) Oil (DW) Drinking Water (GW) Ground Water (SW) Surface Water (WW) Waste Water **State Reporting Types: (E) Entry (D) Distribution (C) Check (R) Raw (M) Max Residence

***Preservative Types (1) HNO3 (2) H2SO4 (3) HCL (4) NaOH (5) Zinc Acetate (6) Methanol (7) Sodium Bisulfate (8) Sodium Thiosulfate (U) Other

Instructions for filling out the Sample Submittal Chain of Custody

- 1 Please complete all sections of form that are applicable. Sections with superscript numbers 1 thru 5 must be completed to properly process your samples. Shaded areas are for internal lab use only.
- 2 In section ⁽¹⁾ please fill out CLIENT/CUSTOMER NAME, ADDRESS, CONTACT and TELEPHONE number to identify who will receive the report. Please include additional information requested if it applies to you ie: project, location, sampler, PO etc.
- 3 Indicate how you would like to receive your report, whether it is by MAIL, FAX or EMAIL.
- 4 Indicate if your results are for COMPLIANCE MONITORING, which state is being reported to, whether it is annual, quarterly or monthly. Please include your PWSID number.
- 5 In section ⁽²⁾, indicate TURN AROUND TIME requested, REPORT TYPE, and if reporting is for compliance monitoring, MONITORING PERIOD. If samples are in need of a RUSH turn around time, please contact the lab ASAP for approval. Rush charges may apply. Standard turn around time is 7 to 10 business days.
- 6 In section ⁽³⁾, indicate SAMPLE ID/DESCRIPTION which is the name you want the sample to be identified with on the final report. If samples are for compliance monitoring, please include LOCATION CODE. Include matrix, whether sample is grab or composite, date and time.
- 7 In section ⁽⁴⁾, list the ANALYSES REQUESTED with method if known. Give as much detail as possible. Indicate bottle and preservative used. Mark an "X" in each box below the analyses requested to indicate that the sample requires this test.
- 8 In section ⁽⁵⁾, please sign and fill in date/time in RELINQUISHED BY field at time of delivery to lab. Lab personnel will sign in RECEIVED BY section.

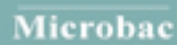
Note:

Please note that some methods have short holding times. Deliver samples to lab as soon as possible after collection. Please contact the lab if you have questions about specific holding times. Please remember that some analyses may be subcontracted at the discretion of Microbac Laboratories, Inc.

Payment:

All samples that are dropped off by clients who do not have an account with Microbac Laboratories, Inc, Camp Hill, are expected to pay in full at time of sample drop off. We accept cash, check, VISA or Mastercard. Exceptions can be made at the discretion of Microbac Laboratories, Inc. Please contact the lab if your business would like to set up an account.

Sample Chain of Custody

Client # _____ W.O. _____ Quote # _____		CHAIN OF CUSTODY						Microbac Laboratories, Inc Camp Hill Division 209 Senate Avenue Camp Hill, PA 17011 P: 717-763-0582 F: 717-214-1269				
⁽¹⁾Customer Information					⁽²⁾Turn Around Time		Report Type		State Reporting			
⁽¹⁾ Client/Company Name: ABC Company Address: 123 Your Street City, State, Zip: Happy Valley, PA 12345 Contact: John Doe Telephone: 717-123-4567 Project: _____ Location: _____ Sampler: Jane Doe PO: 1234-10 Send Report via <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax# _____ [X] Email: your email@abc.com Compliance Monitoring: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO State: PA <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly PWSID # 17356342					<input type="checkbox"/> Rush Due Date: _____ <input checked="" type="checkbox"/> Routine		<input type="checkbox"/> Results Only <input type="checkbox"/> Custom		Monitoring Period: _____ to _____			
⁽³⁾Sample ID/Description					⁽⁴⁾Analyses/Method Requested		Sample Receiving					
(Includes Location Code for State Reporting)					Total Coliform		Receiving Initials: _____ Cooler Temp: _____ Circle One: Samples received on ice? <input type="checkbox"/> Y <input type="checkbox"/> N Samples in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N Containers match method? <input type="checkbox"/> Y <input type="checkbox"/> N Correct sample volume? <input type="checkbox"/> Y <input type="checkbox"/> N Headspace present? <input type="checkbox"/> Y <input type="checkbox"/> N Complete paperwork? <input type="checkbox"/> Y <input type="checkbox"/> N Samples within holding time? <input type="checkbox"/> Y <input type="checkbox"/> N					
Comments: _____					PL _____ & _____		Containers* _____ Preservative** _____					
⁽³⁾Sample ID/Description					State Type/Matrix**		Grab / Composite		Date Collected		Time Collected	
(Includes Location Code for State Reporting)					DW		Grab		1/1/09		1230	
1 Sample X					X		_____		_____		_____	
2					_____		_____		_____		_____	
3					_____		_____		_____		_____	
4					_____		_____		_____		_____	
5					_____		_____		_____		_____	
6					_____		_____		_____		_____	
7					_____		_____		_____		_____	
⁽⁵⁾Relinquished By/Company					Date		Time		Received By		Date	
1 Your Name					1/1/09		1300		2 receiving at lab		1/1/09 1300	
3					_____		_____		_____		_____	
5					_____		_____		_____		_____	
*Container Type: (AG) Amber Glass (CG) Clear Glass (PL) Plastic (O) Other					**Matrix Types: (S) Solid/Soil/Sludge (O) Oil (DW) Drinking Water (GW) Ground Water (SW) Surface Water (WW) Waste Water State Reporting Types: (E) Entry (D) Distribution (C) Check (R) Raw (M) Max Residence					***Preservative Types (1) HNO3 (2) H2SO4 (3) HCL (4) NaOH (5) Zinc Acetate (6) Methanol (7) Sodium Bisulfate (8) Sodium Thiosulfate (U) Other		