



301 Fulling Mill Rd
 Middletown, PA 17057
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**CHAIN OF CUSTODY/
 REQUEST FOR ANALYSIS**

**ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT /
 SAMPLER. INSTRUCTIONS ON THE BACK.**

COC #:	of
ALS Quote #:	

Client Name:		Container Type										Receipt Information (completed by Receiving Lab)			
Address:		Container Size										W.O. Temp: _____ Therm ID: _____			
Contact:		Preservative										Courier/Tracking #:			
Phone#:		ANALYSES/METHOD REQUESTED										Purchase Order #:			
Project Name#:		*G or C **Matrix Enter Number of Containers Per Sample or Field Results Below.										Project Comments:			
Bill To:												ALS Field Services: <input type="checkbox"/> Pickup <input type="checkbox"/> Labor			
TAT <input type="checkbox"/> Normal-Standard TAT is 10-12 business days. <input type="checkbox"/> Rush-Subject to ALS approval and surcharges.												<input type="checkbox"/> Composite Sampling <input type="checkbox"/> Rental Equipment			
Date Required: _____ Approved?												Other: _____			
Email? <input type="checkbox"/> -Y															
Fax? <input type="checkbox"/> -Y No.: _____															
Sample Description/Location <small>(as it will appear on the lab report)</small>		Date Collected <small>mm/dd/yy</small>	Time <small>hh:mm</small>											Sample/COC Comments	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

SAMPLED BY (Please Print):			Sampler Comments:						Data Deliverables <input type="checkbox"/> Standard <input type="checkbox"/> CLP-like <input type="checkbox"/> USACE/DOD <input type="checkbox"/> _____		Special Processing USACE <input type="checkbox"/> Navy <input type="checkbox"/> <input type="checkbox"/> _____		State Samples Collected In <input type="checkbox"/> NY <input type="checkbox"/> NJ <input type="checkbox"/> PA <input type="checkbox"/> NC <input type="checkbox"/> other		
Relinquished By / Company Name			Date	Time	Received By / Company Name			Date							Time
1					2										
3					4										
5					6										
7					8										
9					10										

Reportable to PADEP? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sample Disposal Lab <input type="checkbox"/> Special <input type="checkbox"/>
PWSID # _____	
EDDS: Format Type- _____	

* G=Grab; C=Composite

**Matrix - AI=Air; DW=Drinking Water; GW=Groundwater; OI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

ALS SHIPPING ADDRESS: 301 Fulling Mill Road, MIDDLETOWN, PA 17057

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