CHAIN OF CUSTODY

INVOICE#:_____

NORTHEAST ENVIRONMENTAL TESTING LABORATORY, INC.
472 Smith Street Providence, RI 02908
Tel: (401) 454-3400 Fax: (401) 454-3410

CUSTOMER INFORMATION	BILLING INFORMATION
Customer_____	Bill To_____
Address_____	Address_____
City, State_____	City, State_____
Phone( )_____Fax ( )_____	Phone( )_____Fax( )_____
Client Contact_____	PO #_____
Project Location_____	

SAMPLE #	SAMPLE IDENTIFICATION	SAMPLE TYPE Comp/Grab	SAMPLE MATRIX	SAMPLE CONTAINER	SAMPLE DATE	SAMPLE TIME	PRES.	SAMPLE ANALYSIS

SAMPLE MATRIX
1. Drinking Water 8. Ink
2. Ground Water 9. Air
3. Waste Water 10. Bulk
4. Sludge 11. Wipes
5. Paint 12. Metal
6. Soil 13. Powder
7. Oil 14. Other

CONTAINER
P. Plastic V. VOA Vial
G. Glass O. Other

PRESERVATIVE
1. HNO3 4. NAOH
2. H2SO4 5. Non-Pres
3. HCL 6. Other

Turnaround Time (Working days):_____	Newly Constructed Well: Y___N___	Sterile Sample Container Provided by Laboratory: Yes:____ No:____ Client's Initials:_____	
Sample By:	Date: / Time:	Received By:	Date: / Time:
Relinquished By:	Date: / Time:	Received By:	Date: / Time:
Relinquished By:	Date: / Time:	Received By:	Date: / Time:

Comments

White Copy-Office Yellow Copy-Customer