



Chain of Custody Record

Laboratory Number: Lab use only

Company Name:	Client Information:	Billing Information:	PO Number:	Project Name/Number:	Page _____ of _____ Turn Time <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> Standard <input type="checkbox"/> Other (Rush turn times will incur a surcharge.)
Contact Name:			Quote Number:	Sampler's Signature	
Address:			Required QC Level		
City, State Zip:			Bill Monthly	Shipping Method:	
Phone Number:	Ext:	Ext:	<input type="checkbox"/> Yes	UPS / FedEx / Airborne	
Fax Number:			<input type="checkbox"/> No	DHL / GCT / Hand / Mail	
E-mail Address:					

Which Regulations Apply:	Matrix Code:		Container		Pres.	Requested Tests										Comments					
<input type="checkbox"/> RCRA <input type="checkbox"/> POTW <input type="checkbox"/> NPDES <input type="checkbox"/> USDA/FDA <input type="checkbox"/> RECAP/RISC	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Distribution <input type="checkbox"/> Special <input type="checkbox"/> State <input type="checkbox"/> Other	SO = Soil AQ = Aqueous DW = Drinking WW = Waste MW = Monit. Well LQ = Liquid	O = Oil SL = Sludge F = Food SW = Swab SOL = Solid	Number	Type P=Plastic, G=Glass, V=Vial	HCl, HNO ₃ , H ₂ SO ₄ , NaOH, Na ₂ S ₂ O ₃															
Sample ID/Description	Date	Time	<small>Grab / Composite</small>				Matrix														

	Relinquished by	Date/Time	Received by	Date/Time	Field Notes:
1					
2					
3					Received on ice? <input type="checkbox"/> Yes <input type="checkbox"/> No
4					Temp: _____

All samples submitted to Green Country Testing for analysis are accepted on a custodial basis only. Ownership of the material remains with the client submitting the samples.
 Green Country Testing reserves the right to return unused sample portions.

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