



CHAIN OF CUSTODY

REPORT TO:			INVOICE TO:		
CLIENT:		CLIENT: Same			LAB PROJECT ID
ADDRESS:		ADDRESS:			
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE:		PHONE:			Quotation #:
ATTN:		ATTN:			Email:
Matrix Codes:					
AQ - Aqueous Liquid		WA - Water	DW - Drinking Water	SO - Soil	SD - Solid
NQ - Non-Aqueous Liquid		WG - Groundwater	WW - Wastewater	SL - Sludge	PT - Paint
					WP - Wipe
					CK - Caulk
					OL - Oil
					AR - Air

PROJECT REFERENCE

REQUESTED ANALYSIS															
DATE COLLECTED	TIME COLLECTED	C O M P O S I T E	G R A B	SAMPLE IDENTIFIER	M A T R I X	C O U N T A I N E R S	N U M B E R	O F						REMARKS	PARADIGM LAB SAMPLE NUMBER

Turnaround Time	Report Supplements	
Availability contingent upon lab approval; additional fees may apply.		
Standard 5 day <input type="checkbox"/>	None Required <input type="checkbox"/>	None Required <input type="checkbox"/>
10 day <input type="checkbox"/>	Batch QC <input type="checkbox"/>	Basic EDD <input type="checkbox"/>
Rush 3 day <input type="checkbox"/>	Category A <input type="checkbox"/>	NYSDEC EDD <input type="checkbox"/>
Rush 2 day <input type="checkbox"/>	Category B <input type="checkbox"/>	
Rush 1 day <input type="checkbox"/>		
Other <input type="checkbox"/> please indicate date needed: _____	Other <input type="checkbox"/> please indicate package needed: _____	Other EDD <input type="checkbox"/> please indicate EDD needed: _____

Sampled By _____	Date/Time _____	Total Cost: <input style="width: 80%;" type="text"/>
Relinquished By _____	Date/Time _____	
Received By _____	Date/Time _____	P.I.F. <input style="width: 40%;" type="text"/>
Received @ Lab By _____	Date/Time _____	

By signing this form, client agrees to Paradigm Terms and Conditions (reverse).

See additional page for sample conditions.