



FISHER ENVIRONMENTAL LABORATORIES

FULL RANGE ANALYTICAL SERVICES • COMPLIANCE PACKAGES

MOBILE LABORATORY • EMERGENCY SERVICES • CALA ACCREDITED

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LAB JOB #:

CHAIN OF CUSTODY

Page ____ of ____

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|--|--|--|--|--|---------------------------|-----|--|---------------------|-----|----------------------|------|---|
| CLIENT INFORMATION Company Name: Contact: Address: Phone: Fax: Email: | PROJECT INFORMATION Project Name: Project ID: Sampled By: TURNAROUND TIME (TAT) REQUIRED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">STD - Standard (5-7 working days)</td> </tr> <tr> <td>SR - Semi Rush (48 hours)</td> <td>50%</td> <td rowspan="3">Surcharges apply; Sample received after 2pm will be considered received the next business day</td> </tr> <tr> <td>R - Rush (24 hours)</td> <td>75%</td> </tr> <tr> <td>SD - Same Day - 100%</td> <td>100%</td> </tr> </table> | STD - Standard (5-7 working days) | | | SR - Semi Rush (48 hours) | 50% | Surcharges apply; Sample received after 2pm will be considered received the next business day | R - Rush (24 hours) | 75% | SD - Same Day - 100% | 100% | BILLING INFORMATION Purchase Order #: Verbal Authorization: Credit Card (type): Credit Card #: Expiry Date: |
| STD - Standard (5-7 working days) | | | | | | | | | | | | |
| SR - Semi Rush (48 hours) | 50% | Surcharges apply; Sample received after 2pm will be considered received the next business day | | | | | | | | | | |
| R - Rush (24 hours) | 75% | | | | | | | | | | | |
| SD - Same Day - 100% | 100% | | | | | | | | | | | |

| LAB SAMPLE ID | CLIENT'S SAMPLE ID AND DESCRIPTION | SAMPLING DATE/TIME | SAMPLE MATRIX | CONTAINER # & TYPE | TAT (Above) | ANALYSIS REQUESTED (Check or Specify) | | | | | | | NOTES | |
|---------------|------------------------------------|--------------------|---------------|--------------------|-------------|---------------------------------------|------|------|------|------|----------|--|-------|--|
| | | | | | | Metals | PHCs | VOCs | PAHs | PCBs | Asbestos | | | |
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| Relinquished by: Name: Signature: Date & Time: Method of Shipment: | Client's Comments: | Regulatory Requirements Reg. 153 Table _____ <input type="checkbox"/> Residential / Parkland <input type="checkbox"/> Industrial / Commercial <input type="checkbox"/> Agricultural Soil Texture <input type="checkbox"/> Coarse <input type="checkbox"/> Med/Fine |
| Received by: Name: Date & Time: | Laboratory Remarks: | Sewer Use <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm Region _____ Reg. 558 <input type="checkbox"/> TCLP |