

PDC Laboratories, Inc.

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Fluoride Chain of Custody Record

<u> </u>						-	
County		Facility No).		To Be Completed by Laboratory		
Facility Name		Laboratory Sample No.					
Contact Person		Telephone	No.		Logged by:	Date:	
Address	,	Sampler (Please Print)					
City	State		Zip Code		Sampler's Signature		
Fluoride Analysis by OPERATOR mg/L	Tap No.		llection Date	Collection Time	Sample Month		
Fluoride Analysis by OPERATOR mg/L	Tap No.		Collection Date Collection Time		Sample Month		
Fluoride Analysis by OPERATOR mg/L	Tap No. C		llection Date	Collection Time	Sample Month		
Fluoride Analysis by OPERATOR mg/L	Tap No. Co		llection Date	Collection Time	Sample Month		
Fluoride Analysis by OPERATOR mg/L	Tap No. Co		llection Date	Collection Time	Sample Month		
Fluoride Analysis by OPERATOR mg/L	Tap No.	Co	llection Date	Collection Time	Sample Month		
Fluoride Analysis by OPERATOR mg/L	Tap No.	Co	llection Date	Collection Time	Sample Month		

All sample results are submitted to the IDPH electronically. Please return full sheet, do not alter. No ICE Required

110 TOE TOQUITOR									
Relinquished By (Signature)	Date	Received By (Signature)	Date	COMMENTS (FOR LAB USE ONLY)					
	Time		Time						
Relinquished By (Signature)	Date	Received By (Signature)	Date	NO ICE REQUIRED					
				PROPER BOTTLES RECEIVED IN GOOD CONDITION	Y OR N				
	Time		Time	BOTTLES FILLED WITH ADEQUATE VOLUME	Y OR N				
				SAMPLES RECEIVED WITHIN HOLD TIME(S)	Y OR N				
Relinquished By (Signature)	Date	Received By (Signature)	Date	DATE AND TIME TAKEN FROM SAMPLE BOTTLE					
	Time	1	Time						