



REGULATORY PROGRAM (Check one:)	NPDES
MORBCA	RCRA
CCDD	TACO: RES OR IND/COMM

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

1 CLIENT ADDRESS CITY STATE ZIP CONTACT PERSON	PROJECT NUMBER	PROJECT LOCATION		PURCHASE ORDER #		3 ANALYSIS REQUESTED	4 (FOR LAB USE ONLY) LOGIN # _____ LOGGED BY: _____ CLIENT: _____ PROJ. MGR.: _____ CUSTODY SEAL #: _____						
	PHONE NUMBER	E-MAIL		DATE SHIPPED									
	SAMPLER (PLEASE PRINT)	SAMPLER'S SIGNATURE		MATRIX TYPES: WW- WASTEWATER DW- DRINKING WATER GW- GROUND WATER WWSL- SLUDGE NAS- NON AQUEOUS SOLID LGHT-LEACHATE OIL-OIL SO-SOIL SOL-SOLID									
2 SAMPLE DESCRIPTION (UNIQUE DESCRIPTION AS IT WILL APPEAR ON THE ANALYTICAL REPORT)	DATE COLLECTED	TIME COLLECTED	SAMPLE TYPE GRAB COMP		MATRIX TYPE	BOTTLE COUNT	PRES CODE CLIENT PROVIDED	REMARKS					
CHEMICAL PRESERVATION CODES: 1 - HCL 2 - H2SO4 3 - HNO3 4 - NAOH 5 - NA2S2O3 6 - UNPRESERVED 7 - OTHER													
5 TURNAROUND TIME REQUESTED (PLEASE CHECK) (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE) NORMAL RUSH RUSH RESULTS VIA (PLEASE CIRCLE) EMAIL PHONE EMAIL IF DIFFERENT FROM ABOVE: PHONE # IF DIFFERENT FROM ABOVE:	DATE RESULTS NEEDED		6 I understand that by initialing this box I give the lab permission to proceed with analysis, even though it may not meet all sample conformance requirements as defined in the receiving facility's Sample Acceptance Policy and the data will be qualified. Qualified data may <u>NOT</u> be acceptable to report to all regulatory authorities. PROCEED WITH ANALYSIS AND QUALIFY RESULTS: (INITIALS) _____										
7 RELINQUISHED BY: (SIGNATURE) RELINQUISHED BY: (SIGNATURE) RELINQUISHED BY: (SIGNATURE)	DATE TIME	RECEIVED BY: (SIGNATURE)				DATE TIME	8 COMMENTS: (FOR LAB USE ONLY) SAMPLE TEMPERATURE UPON RECEIPT _____ °C CHILL PROCESS STARTED PRIOR TO RECEIPT Y OR N SAMPLE(S) RECEIVED ON ICE Y OR N SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED Y OR N DATE AND TIME TAKEN FROM SAMPLE BOTTLE _____						

- 1 **CLIENT:** Client's company name
ADDRESS: Client's mailing address
CITY, STATE, ZIP: Client's city, state and zip code for mailing
CONTACT PERSON: Person to receive results
PROJECT NUMBER: Client's reference to the project or work involved with these samples
PROJECT LOCATION: Client's location of project
PURCHASE ORDER NUMBER: Client's invoicing information
MEANS SHIPPED: UPS, FedEx, USPS, courier, hand carried, etc.
PHONE NUMBER: Client's phone number (please include area code)
E-MAIL: Client's e-mail address where results are to be sent
DATE SHIPPED: Month, date and year samples were shipped or delivered to the lab
SAMPLER: Printed name of sample collector
SAMPLER'S SIGNATURE: Signature of sample collector
REGULATORY PROGRAM: Circle regulatory program if applicable.
STATE WHERE SAMPLES COLLECTED: Enter the state if different from client address
- 2 **SAMPLE DESCRIPTION:** The unique sample description you want to appear on the analytical report
DATE COLLECTED: Date sample was collected. For composite samples, this is typically the date when the last aliquot was added
TIME COLLECTED: Time sample was collected. For composite samples, this is typically the time when the last aliquot was added
SAMPLE TYPE: Place an check mark in the box marked "GRAB" if the sample was collected at one time from one specific location. Place an check mark in the box marked "COMP" if the sample is a composite of samples collected at one or more times or locations and combined to make one sample
MATRIX TYPE: From field above. If "OTHER" please identify
BOTLE COUNT: Total number of containers submitted for the samples
PRESERVATION CODE: Indicate bottle preservative using the codes on the front of the COC for non-PDC bottles, client provided
- 3 **ANALYSIS REQUESTED:** Write the analysis name (or an abbreviation), the name of a group of tests, or the method number you would like us to perform. Examples are BOD, TCLP Metals, PCBs, Method 624, etc. Place a check mark in the small boxes that correspond to the sample(s) on which you want these tests performed.
REMARKS: List special instructions about the sample here. This space can also be used for listing additional analyses, or to request an extra copy of the report to be sent to an alternate person/address.

- 4 To be completed by laboratory personnel
- 5 **TURNAROUND TIME REQUESTED:** Circle "NORMAL" if you want routine 10 working day TAT. If faster results are needed circle "RUSH" and, if possible, call the lab in advance to schedule this work. Surcharges may apply for non-routine.
RUSH RESULTS VIA: Choose method by which you would like to receive the RUSH results by circling either "PHONE" or E-MAIL". List the appropriate number/e-mail if different from that listed in section 1.
- 6 Place your initials on the line to give the lab permission to proceed with analysis without calling you regarding a sample nonconformance. If the sample does not meet the Sample Acceptance Policy requirements then the appropriate case narrative and/or data qualifiers will be added to the corresponding analysis and may not be acceptable to use for regulatory purposes. Contact your project manager for further information or to obtain a copy of the Sample Acceptance Policy.
Summarized Sample Acceptance Policy Requirements:
- Proper, full and completed chain-of-custody documentation
 - Readable unique sample container identification written in indelible ink
 - Appropriate sample container
 - Sufficient sample volume to perform requested tests
 - Received within required holding time
 - Received within temperature preservation requirements
 - Sample containers received in good condition (not leaking or broken)
 - Any custody seal intact
 - Properly preserved, and
 - No headspace in volatile water samples
- A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met. A Sample Acceptance Nonconformance Report (SANR) may be attached to the COC depending on the receiving facility's Sample Acceptance Policy.
- 7 **RELINQUISHED BY/RECEIVED BY:** This form must be signed each time the sample(s) changes hands. Chain-of-Custody seals are available upon request if needed.
- 8 To be completed by laboratory personnel.

Sample Acceptance Policy – Receiving facility's specific policy available from your project manager.

SERVING YOU IN THE FOLLOWING LOCATIONS

2231 W Altorfer Dr
Peoria, IL 61615
309-692-9688

3278 N Highway 67
Florissant, MO 63033
314-432-0550

1805 W Sunset St.
Springfield, MO 65807
417-964-8924

4314-A Crystal Lake Rd
McHenry, IL 60050
815-344-4044

1210 Capital Airport Dr
Springfield, IL 62707
217-753-1148

Thank you for using PDC Laboratories, Inc.
Please call 800-752-6651 if you have any questions about completing this form.