PDC Laboratories, Inc.
2231 W. Altorfer Dr
Peoria, IL 61615

CHAIN OF CUSTODY RECORD

State where samples were collected _____

Phone: (800) 752-6651
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ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

(1) CLIENT			P.O. NUMBER	PROJECT NAME	DATE SHIPPED	(3) ANALYSIS REQUESTED							(4) WORK ORDER (FOR LAB USE ONLY)
ADDRESS			PHONE	EMAIL	MEANS SHIPPED								LOGIN #: _____
CITY	STATE	ZIP	SAMPLER (PLEASE PRINT)		MATRIX TYPES: WW - WASTE WATER DW - DRINKING WATER GW - GROUND WATER WWSL - SLUDGE NAS - SOLID LCHT - LEACHATE OTHER: _____								LOGGED BY: _____
CONTACT PERSON			SAMPLER'S SIGNATURE										PROJECT: _____
													PROJ MGR: _____

(2) SAMPLE DESCRIPTION AS YOU WANT TO REPORT	DATE COLLECTED	TIME COLLECTED	SAMPLE TYPE GRAB	SAMPLE TYPE COMP	MATRIX TYPE	BOTTLE COUNT								REMARKS

(5) TURNAROUND TIME REQUESTED (RUSH TAT IS SUBJECT TO APPROVAL AND SURCHARGE) ☐ NORMAL ☐ RUSH

DATE RESULTS NEEDED

(6) *The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that we notify you before proceeding with analysis if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature.* _____

(7) RELINQUISHED BY (SIGNATURE)	DATE / TIME	RECEIVED BY (SIGNATURE)	DATE / TIME
RELINQUISHED BY (SIGNATURE)	DATE / TIME	RECEIVED BY (SIGNATURE)	DATE / TIME
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
PROPER BOTTLES RECEIVED IN GOOD CONDITION	Y OR N
BOTTLES FILLED WITH ADEQUATE VOLUME	Y OR N
SAMPLES RECEIVED WITHIN HOLD TIME(S) (EXCLUDES TYPICAL FIELD PARAMETERS)	Y OR N
DATE AND TIME TAKEN FROM SAMPLE BOTTLE	_____