



CHAIN OF CUSTODY RECORD

Contact us:

Nevada: 3151 W. Post Road, Las Vegas, NV 89118

P: 702.307.2659 F: 702.3072691

California: 11060 Artesia Blvd., Ste C, Cerritos, CA 90703

P: 562.219.7435 F: 562.219.7436

www.assetlaboratories.com

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Client:		Report to:		Bill to:			EDD Requirement		QA/QC		Sampe Receipt Condition				
Address:		Company:		Address:			Excel EDD	<input type="checkbox"/>	RTNE	<input type="checkbox"/>	Y	N			
Address:		Email:					Geotracker	<input type="checkbox"/>	RWQCB	<input type="checkbox"/>	1. Chilled	<input type="checkbox"/>			
Phone:		Fax:		Address:			Labspec	<input type="checkbox"/>	CalTrans	<input type="checkbox"/>	2. Headspace	<input type="checkbox"/>			
Submitted By:				Email to:			Others	<input type="checkbox"/>	Level III	<input type="checkbox"/>	3. Container Intact	<input type="checkbox"/>			
Title:		Phone:		Fax:		PO#	Specify:	LEVEL IV	<input type="checkbox"/>	4. Seal Present	<input type="checkbox"/>				
Signature:		Date:		Sampled By:			Global ID:	Regulatory	<input type="checkbox"/>	5. IR number	<input type="checkbox"/>				
Project Name:		Signature:		Date:			Phone:	Specify State:		6. Method of Cooling	<input type="checkbox"/>				
Project Number:							Fax:			Sample Temp:					
I hereby authorize ASSET Labs to perform the tests indicated below:		I attest to the validity and authenticity of this sample. I am aware that tampering with or intentionally mislabeling the sample location, date or time of collection is considered fraud and may be grounds for legal action.			Matrix			Analyses Requested							
					Ground	<input type="checkbox"/>	Sediment	<input type="checkbox"/>							
					Potable	<input type="checkbox"/>	Soil	<input type="checkbox"/>							
					NPDES	<input type="checkbox"/>	Other Solid	<input type="checkbox"/>							
					Surface	<input type="checkbox"/>									
Item No.	Laboratory Work Order No.	Sample ID/Location		Date	Time	Water	Solid	Others				Remarks			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
Relinquished by (Signature and Printed Name):				Date / Time				Received by (Signature and Printed Name):				Date / Time			
Relinquished by (Signature and Printed Name):				Date / Time				Received by (Signature and Printed Name):				Date / Time			
Relinquished by (Signature and Printed Name):				Date / Time				Received by (Signature and Printed Name):				Date / Time			
Turn Around Time (TAT)								Special Instruction:							
<input type="checkbox"/> A < 24 Hrs or Same Day TAT															
<input type="checkbox"/> B = Next Workday															
<input type="checkbox"/> C = 2 Workdays															
<input type="checkbox"/> D = 3 Workdays															
<input type="checkbox"/> E = Routine 5-7 Workdays															
TAT Starts at 8 AM the following day if samples received after 3:00 PM.															
Terms								Preservatives:				Container Type:			
1. All samples will be disposed in 45 days upon receipt and records will be destroyed in 5 years upon submission of final report.								H = HCl				T = Tube			
2. Regular TAT is 5-7 business days, surcharges will apply for rush analysis								N = HNO3				V = VOA			
Less than 24 Hrs = 200% Next Day = 100% 2 Workdays = 50% 3 Workdays = 35% 4 Workdays = 20%								S = H2SO4				P = Pint			
3. Custom EDD formats will be an additional 3% of the total project price.								C = 4°C				J = Jar			
4. Add 10% surcharge for Level III Data Packages, 15% for Level IV Data Packages. Surcharge applied on total project price.								Z = Zn(AC)2				B = Tedlar			
5. Trip Blanks and Equipment Blanks are billable sample.								O = NaOH				G = Glass			
6. ASSET Laboratories is not responsible for samples collected using incorrect methodology.								T = Na2S2O3				P = Plastic			
7. Terms are net 30 Days.								Others/Specify:				C = Can			
8. All reports are submitted in electronic format. Please inform ASSET Laboratories if hard copy of report is needed.															
9. For subcontract analysis. TAT and Surcharges will vary.															

White = Laboratory Copy

Yellow = Customer's Copy