

# Chain of Custody Record

No

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Send Report To:	Project Number / Name:	<i>Analysis Requested</i>	Page ___ of ___
Company:	Sampler (Print Name):		
Address:	Sampler (Print Name):		
	Shipment Method:		
Phone:	Airbill Number:		
Email:	Laboratory Receiving:		
		Purchase Order #: _____	

Field Sample ID	Sample Date	Sample Time	Sample Matrix	Number of Containers								Comments, Special Instructions, etc.	Lab Sample ID (to be completed by lab)

Relinquished by: (Signature)	Received by: (Signature)	Date:	Time:	Sample Custodian Remarks (Completed By Laboratory): QA/QC Level <input type="checkbox"/> Level IV w/PKG <input type="checkbox"/> Level II Summary Report Turnaround <input type="checkbox"/> 28 Day <input type="checkbox"/> 7 Day <input type="checkbox"/> 24 Hour <input type="checkbox"/> Other _____	Sample Receipt	
Relinquished by: (Signature)	Received by: (Signature)	Date:	Time:		Total # Containers Received?	
Relinquished by: (Signature)	Received by: (Signature)	Date:	Time:		COC Seals Present?	
					COC Seals Intact?	
					Received Containers Intact?	
					Temperature?	