

Project No.:		RLA Reviewed By:	Date:	LS SRN:	
Project Officer:		Email:		Tel:	
Alternate POC:		Email:		Tel:	
Address:					
Installation Site:		Field ID:		DOEHS ID:	
Fund Source:		MIPR No.:		ARLOC / WIC / VC#:	
Sample Collection Date:		Sample Collection Time:		Local	or UTC {Zulu}
SELECT Certificate of Analysis Delivery Schedule:					
Analysis Priority Requested (Justification Required for Non-Routine Priority):					
Chain of Custody Justification (Required):					
<b>Note:</b> LS assumes neither responsibility nor liability for the sampling protocols employed by the customer.					
I do <b>NOT</b> authorize LS to sub-contract requested analyses to an accredited Contract Laboratory.					

Sample ID	Description	Analysis

Shipment Information				Seal Intact	
Packed By:	Date:	Time:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shipped By:	Date:	Time:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carrier:	Tracking No.:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Received By:	Date:	Time:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving Comments (Condition, Seal status, Broken Chain of Custody, etc.):					

Sample Receiving Information					
Sample ID	Received By	Date	Time	LS ID	Seal Intact
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Transfer of Custody						
LS ID	Relinquished By	Date	Time	Received By	Date	Time

Disposal Information				
Sample IDs	Disposed By	Disposal Method	Date	Time