



PO Box 1410, Ocean Springs, MS 39566-1410
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www.micromethodslab.com

Chain of Custody Record

Lab ID# MS00021
 LELAP ID # 01960
 TNI ID # TNI01397

M-M Lab
 WO #

Company Name:			Project Manager:					Turn Around Time & Reporting									
Address:			Purchase Order #:					Our normal turn around time is 10 working days									
City:		State:	Zip:		Email Address :					<input type="checkbox"/> Normal *All rush order <input type="checkbox"/> Phone <input type="checkbox"/> Next Day* requests must be <input type="checkbox"/> Mail <input type="checkbox"/> 2nd Day* prior approved. <input type="checkbox"/> Fax <input type="checkbox"/> Other* _____ <input type="checkbox"/> Email							
Phone:			Sampler Name Printed:					QC Level: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>									
Fax:			Sampler Name Signed:														
			List Analyses Requested					Field Testing									
Project Name:			Preservative:					ID#	ID#	ID#	ID#	Matrix: W = Water DW = Drinking Water S = Solid SO = Soil SE = Sediment L = Liquid A = Air O = Oil SL = Sludge Preservation: 1= H2SO4 2= H3PO4 3=NaOH 4=ZnC4H10O6 5=ZnC4H10O6 & NaOH 6=HNO3 7=Na2S2O3 8=HCl 9=NaHSO4					
Project #:			# of Containers	Grab (G) or Composite (C)							Field Test		Field Test	Field Test	Field Test		
Sample Identification		Sampling Date/Time			Matrix Code												
Received on Ice? Y N Thermometer# _____ Cooler # _____			Receipt Temp Corrected(°C)														
Date & Time _____ By: _____			Sample _____ Blank _____ Cooler _____					**All Temps are Corrected Values**									
	Printed Name	Signature	Company	Date	Time	Notes:											
Relinquished by																	
Received by																	
Relinquished by																	
Received by																	
Received by																	