CONVERSE LABORATORIES, INC
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(315) 788-8388 www.converselabs.com

Chain of Custody

Page _____ of _____

Client Name:

Client Address:

Client Project ID / PO# :

Matrix Codes
DW= Drinking Water
GW=Ground Water **WW**=Wastewater
SL=Sludge **SW**=Surface Water **SO**=Soil

Sample Information:
☐ Finished ☐ Raw
☐ Chlorinated ☐ UV
☐ OTHER: _____

Phone #: Cell #

E-Mail address:

Contact/Report to:

Sampler:

Preservative Codes
1= $Na_2S_2O_3$ **2=** HCl **3=** H_2SO_4
4= HNO_3 **5=** NaOH **6=** Asorbic Acid **7=** NH_4CL **8=** Unpres. **9=**_____

REPORT TO DOH: Yes_____ No_____Initials_____

NOTES TO LABORATORY
Normal TAT ☐
Rush TAT ☐
Date Needed: _____ a.m. / p.m.

Date Collected	Time Collected	Sample Identification	G = Grab C = Composite	Matrix - see codes above	Chlorine Residual	List Preservative Code Below 1	2	3	4	5	6	7	8	Subcontracted Y / N	ANALYSIS / TEST REQUESTED	SAMPLE ID # (lab use only)

Relinquished by:	Date	Time	Received by:	Date	Time	Rec'd Temp°	ICED?	AUTHORIZED RECIPIENTS & CONTACT INFO.
							Yes / No	
							SAMPLE(S) AS RECEIVED CONFORM TO NELAC STANDARDS YES NO IF NO, SEE ATTACHED SHEET	

Amt. Due: _____ **Amt. Paid:** _____

Cash _____ **Check#** _____ **CC** _____

Initial Review: _____
Transcriptual Rev.: _____
Final Review: _____