



OXIDOR Laboratories, LLC

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Chain of Custody Record



Send Report To			Project / Report Information				
Company Name			Circle Requested Turn Around Time (Less than 2 Days must be verified with lab) 7-10 Days 5-7 Days RUSH 3-4 Days 2 Days ASAP				
Address			Project Name				
City		State	Zip		Project Location		
Contact Name			Project #		PO #		
Contact Email			Sampler Name		Sampler Company		
Phone		Fax		Sampler Signature			

Send Invoice To (Only if Different from above)			Matrix Codes L - Liquid S - Solid W - Wipes A - Air		Special Instructions *																																																																																																			
Company Name			Presevation Codes 1 - None 4 - HCl 2 - HNO ₃ 5 - NaOH 3 - H ₂ SO ₄ 6 - Ice 7 - Other		<table border="1"> <tr> <th colspan="12">Requested Analysis</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Address</td> <td colspan="2">Container Codes P - Plastic G - Glass O - Other</td> <td colspan="5">*Please confirm conditional requests prior to additional analysis</td> </tr> <tr> <td colspan="2">City</td> <td>State</td> <td colspan="2">Zip</td> <td colspan="7"></td> </tr> <tr> <td colspan="3">Contact Name</td> <td colspan="2"></td> <td colspan="7"></td> </tr> <tr> <td colspan="2">Phone</td> <td colspan="2">Fax</td> <td colspan="2"></td> <td colspan="7"></td> </tr> </table>					Requested Analysis																																																Address			Container Codes P - Plastic G - Glass O - Other		*Please confirm conditional requests prior to additional analysis					City		State	Zip									Contact Name												Phone		Fax										
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OXIDOR Order ID	Customer Sample ID	Sample Info		Matrix	# of Containers	Container Type	Pres Code	(Comp / (Grab	Parts / Interval	Hold														Total Solids / Dry Weight	Laboratory Review Checklist	Chromatograms / Data Pages	
		Date	Time																								
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	2																										
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Relinquished by X	Affiliation	Date	Time	Received by X	Affiliation	Date	Time
Relinquished by X	Affiliation	Date	Time	Received by X	Affiliation	Date	Time
Relinquished by X	Affiliation	Date	Time	Received for OXIDOR by X		Date	Time

Submittal of samples signifies acceptance of OXIDOR's Standard Terms and Conditions.
 OXIDOR cannot accept verbal changes to this document. Please fax or email written modifications.