

Northeast Laboratories, Inc.

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CT Cert. #PH-0404 NY Cert. #11471 EPA Cert. #CT-024 USDA Cert. #0976 FDA Reg. #3001743770 DEA Reg. Federal #RN0281852, CT #624

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CHAIN OF CUSTODY

Telephone #:		FAX #:EMAIL:						ANALYSIS REQUESTED *								
COMPANY NAME:			Client's Puchase Order #:					* = Note: Some testing parameters may be outsourced to a certified laboratory								
ADDRESS:			SAMPLE LOCATION (if DIFFERENT) from Client:													
SAMPLED BY:			REPORT TO:													
SAMPLE ID (Description and/or ID#)	Date Collected	Time Collected	SAMPLE TYPE: e.g. WATER (Well, Municipal or Waste, etc) (OR: Food, Soil, Air, etc)	# OF CON- TAINE RS	TYPE OF CON- TAINER	PRESER- VATIVES (IF ANY)	STORAGE REQUIRE- MENTS: (as required, e.g. refrigerate, freeze, retain at room temp, etc.									
1)																
2)																
3)																
4)																
5)																
6)																
7)																
8)																
9)																
10)																
RELINQUISHED BY:	DATE / TIME:		ECEIVED BY:		DATE / TIME:		REMAI	RKS & NOT	ES:					•		
RELINQUISHED BY:	DATE / TIME:	RE	ECEIVED BY:		DATE / TIME:											
		TE	EMPERATURE UPON ARRIVAL AT LAB			:	_°C									