MICRO-METHODS LABORATORY, INC.
PO Box 1410, Ocean Springs, MS 39566-1410
(228) 875-6420 FAX (228) 875-6423
www.micromethodslab.com

Chain of Custody Record

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

Print Form

M-M Lab
WO #

Company Name:	Project Manager:
Address:	Purchase Order #:
City: State: Zip:	Email Address :
Phone:	Sampler Name Printed:
Fax:	Sampler Name Signed:

Turn Around Time & Reporting

Our normal turn around time is 10 working days

__Normal
__Next Day*
__2nd Day*
__Other*_____

*All rush order requests must be prior approved.

__Phone
__Mail
__Fax
__Email

Project Name:
Project #:

List Analyses Requested

Sample Identification	Sampling Date/Time	Matrix Code	Preservative: # of Containers	Grab (G) or Composite (C)

Field Testing / QC Reporting

Field pH _____ Collect Time_____ ReadTime _____
Field D.O. _____Collect Time_____ Read Time _____
Field Temp_____Collect Time_____ Read Time_____
QC Level: Level 1 ☐ Level 2 ☐ Level 3 ☐

Matrix Codes:

W = Water
DW = Drinking Water
S = Solid
SO = Soil
SE = Sediment
L = Liquid
A = Air
O = Oil
SL = Sludge

Preservation Codes:

1= Sulfuric Acid
2= Phoshphoric Acid
3=Sodium Hydroxide
4=Zinc Acetate
5=Zinc Acetate & Sodium Hydroxide
6=Nitric Acid
7=Sodium Thiosulfate
8=Hydrochloric Acid
9=Sodium Bisulfate

Special Instructions / Comments

	Printed Name	Signature	Company	Date	Time
Relinquished by					
Received by					
Relinquished by					
Received by					
Relinquished by					
Received by					

Received on Ice? Yes_____ No____
Receipt Temp (°C)_____Sample_____Blank_____
Cooler #_____ Thermometer #_____
Date & Time _____
By: _____