



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

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 <input type="checkbox"/> Next Day* <input type="checkbox"/> 2nd Day* <input type="checkbox"/> Other* _____		*All rush order requests must be prior approved. <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <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								Matrix Codes:	Preservation Codes:		
Project Name:			Preservative:								W = Water	1= Sulfuric Acid		
Project #:			# of Containers	Grab (G) or Composite (C)									DW = Drinking Water	2= Phosphoric Acid
	Sampling Date/Time	Matrix Code												S = Solid
Sample Identification												SO = Soil	4=Zinc Acetate	
												SE = Sediment	5=Zinc Acetate & Sodium Hydroxide	
												L = Liquid	6=Nitric Acid	
												A = Air	7=Sodium Thiosulfate	
												O = Oil	8=Hydrochloric Acid	
												SL = Sludge	9=Sodium Bisulfate	
Special Instructions / Comments														
	Printed Name	Signature	Company	Date	Time	Received on Ice? Y N Thermometer# _____								
Relinquished by						Receipt Temp Uncorrected(°C) Cooler # _____								
Received by						Sample _____ Blank _____ Cooler _____								
Relinquished by						Receipt Temp Corrected(°C)								
Received by						Sample _____ Blank _____ Cooler _____								
Relinquished by						Thermometer Correction Factor _____								
Received by						Date & Time _____								
						By: _____								