



Chain-of-Custody Form

Ship samples to:
 18804 North Creek Parkway, Suite 100
 Bothell, WA 98011

For BAL use only

Received by: _____ Date: _____

Work Order ID: _____ Time: _____

Project ID: _____

Client: _____ PO Number: _____ Mailing Address: _____

Contact: _____ Phone: _____

Client Project ID: _____ Email: _____ Email Receipt Confirmation? (Yes/No)

Samples Collected By: _____ BAL PM: _____

Requested TAT (business days)	Collection		Client Sample Info				BAL Analyses Required						Comments		
	Date	Time	Matrix Type	Number of Containers	Field Filtered? (Yes/No)	Preservation Type HCl/HNO ₃ /Other	Total Hg, EPA 1631	Methyl Hg, EPA 1630	ICP-MS Metals (specify)	As Species (specify) InOrg, III, V, MMA, DMA	Se Species (specify) Se(IV), Se(VI), SeCN, Unknown	Filtration		Other (specify)	Other (specify)
<input type="checkbox"/> 20 (standard) <input type="checkbox"/> 15* <input type="checkbox"/> 10* <input type="checkbox"/> 5* <input type="checkbox"/> Other _____ <small>*Surcharges may apply to expedited TATs</small>	Sample ID														Specify Here
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
	Trip Blank														
Relinquished By:	Date:	Time:	Relinquished By:	Date:	Time:										
Received By:	Date:	Time:	Total Number of Packages:												