



# CHAIN OF CUSTODY

**SGS ANALYTICAL PERSPECTIVES**

5500 Business Drive  
Wilmington, NC 28405  
+1 910 350 1903

**WWW.SGS.COM**

<b>CLIENT:</b>					SGS Reference #:										PAGE _____										
<b>CONTACT:</b> PHONE NO: ( )					<b># CONTAINERS</b>	<b>SAMPLE TYPE</b>		PRESERVATIVES USED														OF _____			
<b>PROJECT:</b> SITE / PWSID / WBS # :						<b>C= COMP</b>		ANALYSIS REQUIRED																	
<b>REPORTS TO:</b>						<b>G= GRAB</b>																			
<b>EMAIL:</b>																									
<b>INVOICE TO:</b> QUOTE # P.O. NUMBER																									
<b>LAB NO.</b>	<b>SAMPLE IDENTIFICATION</b>	<b>DATE</b>	<b>TIME</b>	<b>MATRIX</b>																		<b>REMARKS</b>			
<b>COLLECTED/RELINQUISHED BY: (1)</b>		<b>DATE</b>	<b>TIME</b>	<b>RECEIVED BY:</b>		<b>REPORT LEVEL:</b>				<b>REQUESTED TURNAROUND TIME:</b>															
						<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level IV				<input type="checkbox"/> Rush: _____ <input type="checkbox"/> Standard															
Relinquished By: (2)		Date	Time	Received By:		<b>SPECIAL DELIVERABLES:</b> State of Origin: _____																			
						<input type="checkbox"/> DoD <input type="checkbox"/> EDD: _____ <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other: _____																			
Relinquished By: (3)		Date	Time	Received By:		<b>SPECIAL INSTRUCTIONS:</b>																			
Received For Laboratory By:		Date	Time	CoC Seal: INTACT    BROKEN    ABSENT		Shipping Carrier:				Notes:															
				Sample Receipt Temp: C _____		Shipping Ticket No:																			