



LNS REPORT : _____

LNS CLIENT : _____

CHAIN OF CUSTODY

COMPANY NAME : _____
ADDRESS : _____
CITY : _____
PROJECT NAME : _____ **PROJECT NO :** _____
PROJECT MANAGER : _____ **EMAIL ADDRESS :** _____
PHONE : _____ **FAX NO :** _____
INVOICE TO : _____ **PO NUMBER :** _____
SAMPLERS NAME & SIGNATURE (REQUIRED)

TOTAL NUMBER OF CONTAINERS	
RECEIVED REFRIGERATED	Y N/A N
CONTAINERS IN GOOD CONDITION	Y N/A N
CUSTODY SEALS	Y N
TEMPERATURE UPON ARRIVAL	

SAMPLE I.D	MATRIX	PRESERV.	BOTTLE TYPE	SAMPLE GRAB/COMP	SAMPLING DATE(S)		SAMPLING TIME(S)		ANALYSIS REQUESTED
					START	END	START	END	
					/ /	/ /	:	:	
					/ /	/ /	:	:	
					/ /	/ /	:	:	
					/ /	/ /	:	:	
					/ /	/ /	:	:	
					/ /	/ /	:	:	
					/ /	/ /	:	:	
					/ /	/ /	:	:	
					/ /	/ /	:	:	
					/ /	/ /	:	:	

ADDITIONAL COPY OF REPORT YES# _____
 SHIPPING METHOD : FED-EX AIRBORNE UPS BUS OTHERS _____
 TRACKING NO : _____
 TURN AROUND TIME : NEXT DAY 2-DAY RUSH 3-DAY RUSH 7-DAY
 FAX RESULTS : YES () NO ()
ATTENTION TO :

COLLECTED & RELINQUISHED BY : (PRINT & SIGNATURE)	RELINQUISHED TO : (PRINT & SIGNATURE)	DATE/TIME	REMARKS :
RELINQUISHED BY : (PRINT & SIGNATURE)	RELINQUISHED TO : (PRINT & SIGNATURE)	DATE/TIME	
RELINQUISHED BY : (PRINT & SIGNATURE)	LAB RECEIVED BY : (PRINT & SIGNATURE)	DATE/TIME	