Chain of Custody Record

Anatek Labs, Inc.
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Company Name:	Project Manager:
Address:	Project Name & # :
City: State: Zip:	Purchase Order #:
Phone:	Sampler Name & Phone:
Email Address(es):	

Turn Around Time & Reporting

Please refer to our normal turn around times at www.anateklabs.com/pricing-lists

__Normal
__Next Day*
__2nd Day*
__Other*_____

__Phone
__Email

*All rush order requests must have prior approval

List Analyses Requested

Lab ID	Sample Identification	Sampling Date/Time	Matrix	# of Containers	Sample Volume	Preservative:									

Note Special Instructions/Comments

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

Inspection Checklist

Received Intact?	Y	N
Labels & Chains Agree?	Y	N
Containers Sealed?	Y	N
No VOC Head Space?	Y	N
Cooler?	Y	N
Ice/Ice Packs Present?	Y	N

Temperature (°C):_____
Number of Containers:_____
Shipped Via:_____
Preservative:_____
_____
Date & Time:_____
Inspected By:_____

Samples submitted to Anatek Labs may be subcontacted to other accredited labs if necessary. This message serves as notice of this possibility. Subcontracted analyses will be clearly noted on the analytical report.