



**SPL, INC.**  
**Analysis Request & Chain of Custody**  
**Record**

SPL Workorder No: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

<b>Client Name:</b>					matrix bottle size pres.	W=water S=soil SL=sludge O=other	P=plastic A=amber G=glass V=vial	1=1liter 4=4oz 40=vial 8=8oz 16=16oz	1=HCl 2=HNO3 3=H2SO4 O=other	Number of Containers	<b>REQUESTED ANALYSIS</b>														
<b>Address/Phone:</b>																									
<b>Client Contact:</b>																									
<b>Project Contact:</b>																									
<b>Project No.:</b>																									
<b>Project Location:</b>																									
<b>Invoice To:</b>																									
SAMPLE ID	DATE	TIME	COMP	GRAB																					
			<input type="checkbox"/>	<input type="checkbox"/>																					
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Client/Consultant Remarks:					Laboratory Remarks:					Intact? <input type="checkbox"/> Y <input type="checkbox"/> N Temp: _____															
<b>Requested TAT</b>		Special Reporting Requirements Standard QC <input type="checkbox"/>			Fax Results <input type="checkbox"/> Level 3 QC <input type="checkbox"/>		Raw Data <input type="checkbox"/> Level 4 QC <input type="checkbox"/>		Special Detection Limits (specify):					PM review (initial):											
24hr <input type="checkbox"/> 72hr <input type="checkbox"/>		1. Relinquished by Sampler:			date		time		2. Received by:																
48hr <input type="checkbox"/> Std. <input type="checkbox"/>		3. Relinquished by:			date		time		4. Received by:																
Other <input type="checkbox"/>		5. Relinquished by:			date		time		6. Received by Laboratory:																

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- 459 Hughes Drive, Traverse City, MI 49684 (231) 947-5777

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