



SPL

Chain of Custody Record

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 customerservice@SPL.com

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Send Report To			Project / Report Information		
Company Name			Circle Requested Turn Around Time (Less than 2 Days must be verified with lab)		
Address			7-10 Days RUSH 5-7 Days 3-4 Days 2 Days ASAP		
City			Project Name		
State			Project Location		
Zip			Project #		
Contact Name			PO #		
Contact Email			Sampler Name		
Phone			Sampler Company		
Fax			Sampler Signature		
Send Invoice To (Only if Different from above)			Matrix Codes		
Company Name			L - Liquid S - Solid		
Address			W - Wipes A - Air		
City			Preservation Codes		
State			1 - None 4 - HCl		
Zip			2 - HNO ₃ 5 - NaOH		
Contact Name			3 - H ₂ SO ₄ 6 - Ice		
Phone			7 - Other		
Fax			Container Codes		
			P - Plastic G - Glass		
			O - Other		
			Special Instructions *		
			*Please confirm conditional requests prior to additional analysis		
			Requested Analysis		

SPL Order ID	Customer Sample ID	Sample Info		Matrix	# of Containers	Container Type	Pres Code	(C)omp / (G)rab	Parts / Interval	Hold										Total Solids / Dry Weight	Laboratory Review Checklist	Chromatograms / Data Pages		
		Date	Time																					
	1																							
	2																							
	3																							
	4																							
	5																							
	6																							
	7																							
	8																							
	9																							
	10																							
	11																							
	12																							
	13																							
	14																							
	15																							

Relinquished by	Affiliation	Date	Time	Received by	Affiliation	Date	Time
X				X			
Relinquished by	Affiliation	Date	Time	Received by	Affiliation	Date	Time
X				X			
Relinquished by	Affiliation	Date	Time	Received for SPL by		Date	Time
X				X			

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 SPL cannot accept verbal changes to this document. Please fax or email written modifications.