



ACS

ANALYTICAL & CONSULTING SERVICES, INC.

www.acslab.net

205 Sergeant Square Drive

Sergeant Bluff, IA 51054

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CHAIN OF CUSTODY AND ANALYTICAL REQUEST FORM

Company Name & Address:			Contact Information: <i>(name, phone, fax, email, etc.)</i>			Project Information: <i>(Permit #, Project #, etc.)</i>		
Billing Address: <i>(if different than above)</i>			Billing Information: <i>(name, phone, fax, email, etc.)</i>			Permit Required Analysis? <i>(Yes/No)</i>		
						Purchase Order Number:		
						Samples Received In Lab On Ice? Yes <input type="checkbox"/> No <input type="checkbox"/>		
SAMPLE IDENTIFICATION	Collection Date/Time	Sample Type	Analysis Requested	Number of Containers	Preservative	Temperature Upon Arrival	Additional Information Comments	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Samples Taken By: <i>(Signature)</i>		Date/Time	Samples Received By: <i>(Signature)</i>		Date/Time	Samples Received in Lab By: <i>(Signature)</i>		Date/Time
Samples Relinquished By: <i>(Signature)</i>		Date/Time	Samples Delivered By: <i>(Signature)</i>		Date/Time	Sample Condition Upon Receipt: <i>(box, containers, temp, etc.)</i>		



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				Account Number:	
SAMPLE IDENTIFICATION	Collection Date/Time	Sample Type	Analysis Requested	Number of Containers	Additional Information Comments
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