CHAIN OF CUSTODY

MERIDIAN
Analytical Labs, LLC

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SEND RESULTS TO:		SEND INVOICE TO:	
NAME	TITLE	PROJECT NAME/PO NO.	
COMPANY		NAME	
MAILING ADDRESS		COMPANY	DEPT.
CITY/STATE/ZIP		MAILING ADDRESS	
TELEPHONE NO.		CITY/STATE/ZIP	
E-MAIL ADDRESS		E-MAIL ADDRESS	

TURN AROUND TIME REQUESTED (Additional Charges May Apply.)
Samples Must Be Received Before Noon or Turn Around Time Will Start the Next Business Day.

Business Day(s) ☐5 ☐3 ☐2 ☐Next ☐Same

Results: ☐Mail ☐E-Mail ☐Fax # _____

ANALYSIS REQUESTED

SAMPLE IDENTIFICATION/DESCRIPTION	MATRIX TYPE	DATE SAMPLED	TIME SAMPLED	PRES.	NO. OF CONT.	VOA	SVOA	METALS	PCB	OIL & GREASE	BTEX	BOD	TSS	pH	AMMONIA	E. COLI					REMARKS: (If Special Detection Limits or Analyte Lists are Required, Please Note Below.)

SAMPLER (SIGNATURE)	RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	RELINQUISHED BY:	DATE	TIME
SHIPPED BY:	RECEIVED FOR LABORATORY BY	DATE	TIME	CONDITION OF SAMPLES AT RECEIPT	CUSTODY SEALS INTACT Y N N/A	COOLER TEMP.	

COMMENTS OR REMARKS:

pH Check ☐

ORIGINAL - LABORATORY COPY YELLOW - CUSTOMER COPY