



CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

9143 Philips Highway, Ste 200 • Jacksonville, FL 32256 (904) 739-2277 • 800-695-7222 x06 • FAX (904) 739-2011

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SR#

CAS Contract

Project Name <i>McGowan SSO Response</i>		Project Number <i>2016-10-17-76</i>		ANALYSIS REQUESTED (Include Method Number and Container Preservative)															
Project Manager <i>Tammy Pellish</i>		Email Address <i>Brian.G.Davis@PEP.State.FL.US</i>		PRESERVATIVE															
Company/Address <i>EDEP DEAR ROC</i> <i>8800 Baymeadows Way W Suite 100</i>		NUMBER OF CONTAINERS <i>Fecal</i>																	
Phone # <i>904-256-1700</i>		FAX #		Preservative Key 0. NONE 1. HCL 2. HNO ₃ 3. H ₂ SO ₄ 4. NaOH 5. Zn. Acetate 6. MeOH 7. NaHSO ₄ 8. Other _____															
Sampler's Signature <i>Brian Davis</i>		Sampler's Printed Name <i>Brian Davis</i>																	
SPECIAL INSTRUCTIONS/COMMENTS		TURNAROUND REQUIREMENTS ☒ RUSH (SURCHARGES APPLY) ☐ STANDARD REQUESTED FAX DATE _____ REQUESTED REPORT DATE _____				REPORT REQUIREMENTS ☐ I. Results Only ☐ II. Results + QC Summaries (LCS, DUP, MS/MSD as required) ☐ III. Results + QC and Calibration Summaries ☐ IV. Data Validation Report with Raw Data ☐ V. Specialized Forms / Custom Report Edata ☐ Yes ☐ No				INVOICE INFORMATION PO # _____ BILL TO: _____ _____									
SAMPLE RECEIPT: CONDITION/COOLER TEMP: <i>1.3C</i>		CUSTODY SEALS: <i>Y N</i>																	
RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY					
Signature <i>Brian Davis</i>		Signature <i>Eric Harkey</i>		Signature		Signature		Signature		Signature		Signature		Signature					
Printed Name <i>Brian Davis</i>		Printed Name <i>ERIC HARKEY</i>		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name					
Firm <i>EDEP DEAR ROC</i>		Firm <i>ALS</i>		Firm		Firm		Firm		Firm		Firm		Firm					
Date/Time <i>10/31/16 1400</i>		Date/Time <i>10/31/16 14:00</i>		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time					

