



CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

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SR # J1801121

ALS Contact: Jerry Allen

Client Name FDEP-NE ROC		Project Number RQ-2018-02-12-70		ANALYSIS REQUESTED (Include Method Number and Container Preservative)																	
Report To Dep-Overflowmicro@dep.state.fl.us		Report CC Project name SMP Bacteria		Preservat 88																	
Company/Address 8800 Baymeadows Way W Jacksonville, FL 32256		Phone # 904-256-1541		FAX #		J1801121 5 Florida Department of Environmental Protection FDEP-NE ROC															
Sampler's Signature <i>Patrick O'Connor</i>		Sampler's Printed Name Patrick O'Connor		Preservative Key 0. None 1. HCL 2. HNO3 3. H2SO4 4. NaOH 5. Zn. Acetate 6. MeOH 7. NaHSO4 8. Other ICE REMARKS																	
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE TIME		Matrix																	
62NE1158		2/14/18	930	SW	1	X															
20030667			950		1	X															
20030133			1105		1	X															
62NE1161			1130		1	X															
Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us					TURNAROUND REQUIREMENTS RUSH (SURCHARGES APPLY) ☒ STANDARD REQUESTED FAX DATE N/A REQUESTED REPORT DATE N/A				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 Edata ☐ Yes ☐ No				INVOICE INFORMATION P.O. # B10739 Bill to:								
Relinquished By Signature <i>Patrick O'Connor</i> Printed Name Patrick O'Connor Firm DEARNED ROC Date/Time 02-14-18 1400		Received By Signature <i>[Signature]</i> Printed Name <i>[Signature]</i> Firm ALS Date/Time 2/14/18 1400		Relinquished By Signature Printed Name Firm Date/Time		Received By Signature Printed Name Firm Date/Time		Relinquished By Signature Printed Name Firm Date/Time		Received By Signature Printed Name Firm Date/Time											