

Western Analytical Laboratories, Inc.

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Sample Analysis Request Form And Chain Of Custody

WAL No.:

Customer:				Date Sampled:			pH of preserved samples (for lab use)	
Address:				Sampled By:				
Attention:				Sample Matrix:				
Sample Location:								Remarks (include field results)
Cont. I.D.	Time Sampled	Container	Preservative	Sample Description	Analyses Required			
Relinquished by: (SIGNATURE)		Date:	Received by: (SIGNATURE)		Relinquished by: (SIGNATURE)	Date:	Received by: (SIGNATURE)	Sample Condition (Check) Iced _____ Frozen _____ Leaking _____ Intact _____ Temperature °C _____ Custody Seals _____ Turnaround Time: (Check) Same Day _____ 3 Day _____ 1 Day _____ 4 Day _____ 2 Day _____ 5 Day _____
		Time:				Time:		
Relinquished by: (SIGNATURE)		Date:	Received by: (SIGNATURE)		Relinquished by: (SIGNATURE)	Date:	Received by: (SIGNATURE)	
		Time:				Time:		
Relinquished by: (SIGNATURE)		Date:	Received by: (SIGNATURE)		Relinquished by: (SIGNATURE)	Date:	Received by: (SIGNATURE)	
		Time:				Time:		