Western Analytical Laboratories, Inc.

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ELAP Accredited Laboratory

Sample Analysis Request Form And Chain Of Custody

WAL No.:

Customer:	**Date Sampled:**
Address:	**Sampled By:**
Attention:	**Sample Matrix:**
Sample Location:	

Cont. I.D.	Time Sampled	Container	Preservative	Sample Description												Remarks (include field results)

Analyses Required

pH of preserved samples (for lab use only)

CHAIN OF CUSTODY:

Relinquished by: (SIGNATURE)	Date / Time	Received by: (SIGNATURE)	Relinquished by: (SIGNATURE)	Date / Time	Received by: (SIGNATURE)
Relinquished by: (SIGNATURE)	Date / Time	Received by: (SIGNATURE)	Relinquished by: (SIGNATURE)	Date / Time	Received by: (SIGNATURE)

Sample Condition: (Check)

Iced _____ Frozen _____
Leaking _____ Intact _____
Temperature °C _____
Custody Seals Intact _____

Turnaround Time: (Check)

Same Day _____ 72-Hr _____
24-Hr _____ 5-Day _____
48-Hr _____ Normal _____