



## ANALYSIS REQUEST & CHAIN OF CUSTODY

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### Client Information

Contact Name
Company
Street Address
City, State Zip
Email
Phone #
Fax #

### Sampling Information

Sampled By
Project Name

### Report Information

Turnaround Time	Standard	Rush By:	
Report Delivery	Email	US Mail	Fax

### Matrix Codes

<input type="checkbox"/> DW Drinking Water	<input type="checkbox"/> NPW Non-Potable	<input type="checkbox"/> S Solids	<input type="checkbox"/> O Other
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### DEP Drinking Water Only

PWSID #					
Monitoring Frequency	Quarterly	Annually			
	Monthly	Semi-Annually			
Sample Period	Start:				
	End:				
Sample Type	Distrib	Check	Entry	Raw	Special
Location Code					

### Analyses Requested

Sample ID	Matrix	Sample Date	Sample Time		# of Containers	Preservative								Analyses Requested / Methods
			Grab Time / Comp Start	Comp End		None	HNO <sub>3</sub>	HCl	H <sub>2</sub> SO <sub>4</sub>	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	NaOH	Other		

### Comments

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### Chain of Custody

Relinquished By:	Date	Time
Signature		
Print		

Received By:	Date	Time
Signature		
Print		

### Sample Condition at Lab

Temp °C	Received on Ice	Within Hold Time	Samples Intact	Proper Containers	Proper Preserv.	Sufficient Volume	VOA Vials	Blanks Included	PAL Project #
	Y N   Fridge	Y N	Y N	Y N	Y N	Y N	Y N	Y N	