

Pace Analytical™

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CHAIN OF CUSTODY Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

625144

Required Client Information: Section A

Company: ATC-Associates Inc

Address: 104 E 25th Street

10th Floor

New York, NY 10010

Phone: 212.853.8280

Fax: 212.853.8306

Required Client Information: Section B

Report To: James Cohn

Copy To:

Invoice To:

P.O.:

Project Name: PS 89M

Project Number: 19125-0297

Page: 1 of 1

Client Information (Check quote/contract):

Requested Due Date:

TAT:

• Turn around times less than 14 days subject to laboratory and contractual obligations and may result in a Rush Turnaround Surcharge.

Turn Around Time (TAT) in calendar days.

To Be Completed by Pace Analytical and Client Section C

Quote Reference:

Project Manager:

Project #:

Profile #:

Requested Analysis:

ITEM #	Section D Required Client Information:										MATRIX CODE	DATE COLLECTED mm / dd / yy	TIME COLLECTED	# Containers	Preservatives							Remarks / Lab ID									
	SAMPLE ID One character per box. (A-Z, 0-9 / -) Sample IDs MUST BE UNIQUE														Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na ₂ S ₂ O ₃	Methanol		Other								
1	A	T	C	-	0	5	1	6	-	8	9	M	-	D	A	1	UP	5/16/02	1 mL											1st floor hall north	3580098
2	A	T	C	-	0	5	1	6	-	8	9	M	-	D	X	1														1st floor hall south	106
3	A	T	C	-	0	5	1	6	-	8	9	M	-	D	X	1														1st floor hall south	114
4																															
5																															
6																															
7																															
8																															
9																															
10																															
11																															
12																															

SHIPMENT METHOD

AIRBILL NO

SHIPPING DATE NO OF COOLERS

RELINQUISHED BY AFFILIATION DATE TIME

ACCEPTED BY AFFILIATION

DATE TIME

SAMPLE CONDITION

Temp in °C	20
Received on Ice	Y/N
Sealed Cooler	Y/N
Samples Intact	Y/N

SAMPLE NOTES

Additional Comments:

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

DATE Signed: (MM / DD / YY)

5/16/02

SEE REVERSE SIDE FOR INSTRUCTIONS

Form C-0001 Rev. 03/01

ORIGINAL

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