



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 28th Street**
10th floor
 Phone: **212 353 2220** Fax: **212 353 2366**

Required Client Information: Section B

Report To: **James Cohn**
 Copy To:
 Invoice To:
 P.O.:
 Project Name: **Stayrenant Hs**
 Project Number: **19495-0246**

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To Be Completed by Pace Analytical and Client: Section C

Quote Reference:
 Project Manager:
 Project #: **1057132**
 Profile #: **9353 Line 1**
 Requested Analysis:

Section D Required Client Information:

ITEM #	SAMPLE ID										MATRIX CODE	DATE COLLECTED mm/dd/yy	TIME COLLECTED hh:mm:sp	# Containers	Preservatives								Remarks / Lat							
	One character per box. (A-Z, 0-9 / -) Sample IDs MUST BE UNIQUE														MATRIX CODES	DATE	TIME	Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH		Na ₂ S ₂ O ₈	Methanol	Other				
1	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	1	OT	4/27/02	Bulk										✓	Room 300	351346
2	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	2	OT		Bulk										✓	Room 300	47
3	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	3	OT		Bulk										✓	Room 300	48
4	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	4	OT		Bulk										✓	Room 300	49
5	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	5	OT		Bulk										✓	Room 300	50
6	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	6	OT		Bulk										✓	Room 300	51
7	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	7	OT		Bulk										✓	Room 300	52
8	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	8	OT		Bulk										✓	Room 300	53
9	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	9	OT		Bulk										✓	Room 300	54
10	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	10	OT		Bulk										✓	Room 300	55
11	A	T	C	-	C	4	2	-	S	T	Y	-	D	X	11	OT		Bulk										✓	Room 300	56
12																														

SHIPMENT METHOD	AIRBILL NO.	SHIPPING DATE	NO. OF COOLERS	FILE NUMBER	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Fedex										

SAMPLE CONDITION SAMPLE NOTES

Temp In °C	11.6
Received on Ice	Y/N
Sealed Cooler	Y/N
Samples Intact	Y/N

Additional Comments:

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

DATE Signed: (MM/DD/YY)

4/27/02

SEE REVERSE SIDE FOR INSTRUCTIONS

ORIGINAL

CITY_21MC100_002868024