

Pace Analytical

www.pacelabs.com

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 Fl.
New York, NY 10010
 Phone: **212.353.8280** Fax: **212.353.8306**

Required Client Information: Section B

Report To: **James Cohn**
 Copy To:
 Invoice To:
 P.O.
 Project Name: **PS 234 M**
 Project Number: **19125-0279**

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To Be Completed by Pace Analytical and Client Section C

Quote Reference:
 Project Manager:
 Project #: **1057493**
 Profile #:
 Requested Analysis:

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.

Section D Required Client Information:

SAMPLE ID

One character per box.
 (A-Z, 0-9 / -)

Sample IDs MUST BE UNIQUE

Valid Matrix Codes ←
 MATRIX CODE
 WATER WT
 SOIL SL
 OIL OL
 WIPE WP
 AIR AR
 TISSUE TS
 OTHER OT

MATRIX CODE

DATE COLLECTED

mm / dd / yy

TIME COLLECTED

area

Preservatives

Containers

Unpreserved

H₂SO₄HNO₃

HCl

NaOH

Na₂S₂O₃

Methanol

Other

Remarks / Lab

	Sample ID												DATE COLLECTED	TIME COLLECTED	# Containers	Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na ₂ S ₂ O ₃	Methanol	Other	Remarks / Lab	
1	A	T	C	-	0	5	0	-	3	M	D	1	WP	5/7/02	1 m ²									✓	1st floor Hall EA
2	A	T	C	-	0	5	0	-	3	M	D	2	WP	5/7/02	1 m ²									✓	1st floor Hall W
3																									
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

Fedex

SAMPLE CONDITION

SAMPLE NOTES

Temp in °C	18
Received on Ice	YN
Sealed Cooler	YN
Samples Intact	YN

Additional Comments:

pls use the Blank of
 150 with these samples

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

DATE Signed: (MM / DD / YY)

5/7/02

SEE REVERSE SIDE FOR INSTRUCTIONS

ORIGINAL

CITY_21MC100_002889436