

CHAIN OF CUSTODY Analytical Request Document

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

Pace Analytical™

www.pacelabs.com

625144

Required Client Information: Section A

Company: **ATC Associates Inc.**
 Address: **104 E 25th Street**
10th floor
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 150M**
 Project Number: **19125-0289**

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To Be Completed by Pace Analytical and Client Section C

Quote Reference:
 Project Manager:
 Project #: **1058088**
 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
 hh:mm

Preservatives
 # Containers
 Unpreserved
 H₂SO₄
 HNO₃
 HCl
 NaOH
 Na₂S₂O₃
 Methanol
 Other

ITEM #	SAMPLE ID	MATRIX CODE	DATE COLLECTED	TIME COLLECTED	# Containers	Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na ₂ S ₂ O ₃	Methanol	Other	Remarks / Lab ID
1	ATC-0520-150M-DX1	WP	5/20/02	1M ²										✓ Main Copy 357985
2	ATC-0520-150M-DX2	WP	5/20/02	1M ²										✓ Blank 869
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

SHIPMENT METHOD	AIRBILL NO.	SHIPPING DATE	NO. OF COOLERS	ITEM NUMBER	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Fed ex								K. B. B. B.	5/20/02	11:00

SAMPLE CONDITION

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

SAMPLE NOTES

Additional Comments:

SAMPLER NAME AND SIGNATURE
 PRINT Name of SAMPLER: **NAGDI**
 SIGNATURE of SAMPLER: *[Signature]*
 DATE Signed: (MM / DD / YY)

ORIGINAL

SEE REVERSE SIDE FOR INSTRUCTIONS

Form CCM-1 Rev. 0001

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