

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

To Be Completed by Pace Analytical and Client Section C

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: **M833**
 Project Number: **19125-0291**

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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.

Quote Reference:

Project Manager:

Project #:

Profile #:

Requested Analysis:

Dioxin

Section D

Required Client Information:

SAMPLE ID

One character per box.
 (A-Z, 0-9 / -)
 Sample IDs MUST BE UNIQUE

Valid Matrix Codes 4

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

MATRIX CODE

DATE COLLECTED

TIME COLLECTED

Preservatives

Containers

Unpreserved

H₂SO₄HNO₃

HCl

NaOH

Na₂S₂O₃

Methanol

Other

Remarks / Lab

1	A	T	C	-	0	3	-	M	8	3	D	1	WP	3/30/02	1m ²	✓	M	1000	1034/3550									
2	A	T	C	-	0	3	-	M	8	3	D	2	WP		1m ²	✓	517	517										
3	A	T	C	-	0	3	-	M	8	3	D	3	WP		1m ²	✓	525	525										
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
Fedex																											4/2/02	105

SAMPLE CONDITION

Temp in °C **17**
 Received on Ice **Y/N**
 Sealed Cooler **Y/N**
 Samples Intact **Y/N**

SAMPLE NOTES

As use the same
 Blank of 150M
 for this samples

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

DATE Signed: (MM / DD / YY)

SEE REVERSE SIDE FOR INSTRUCTIONS

Form CQC01 Rev 05

ORIGINAL

CITY_21MC100_002898158