

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: **212-353-8280** Fax: **212-353-8306**

Required Client Information: Section B

Report To: **James Cohn**
Copy To:
Invoice To:
P.O.:
Project Name:
Project Number: **19125-0290**

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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.

To Be Completed by Pace Analytical and Client Section C

Quote Reference:
Project Manager:
Project #: **1057195**
Profile #:
Requested Analysis:

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
mm / hh / ss

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 IC
1	ATC-0503-M894-DX1	NP	5/3/02	1m2										✓ Main Lobby 3517280
2	ATC-0503-M894-DX2	NP		1m2										✓ 5th floor Elev. Lobby 298
3	ATC-0503-M894-DX3	NP		1m2										✓ 10th floor Elev. Lobby 306
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								K-Burial	5/7	104

SAMPLE CONDITION

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

Additional Comments:

SAMPLE NOTES

pl. use R Black
J 150M

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

DATE Signed: (MM / DD / YY)