CHAIN OF CUSTODY RECORD

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NORTHEAST ANALYTICAL, INC.

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LRF # _____
(NEA USE ONLY)

DISPOSAL REQUIREMENTS: (To be filled in by Client)

- ◯ RETURN TO CLIENT
- ◯ DISPOSAL BY NORTHEAST ANALYTICAL
- ◯ ARCHIVAL BY NORTHEAST ANALYTICAL

Additional charges incurred for disposal (if hazardous) or archival. Call for details.

CLIENT (REPORTS TO BE SENT TO):	**PROJECT#/PROJECT NAME:**
PROJECT MANAGER:	**PROJECT LOCATION (CITY/STATE) ADDRESS:**
PHONE:	
SAMPLED BY: (Please Print)	**REQUIRED TURN AROUND TIME:**
SAMPLING FIRM:	**NAME OF COURIER (IF USED):**
	Data Report: ☐ CLP* ☐ Certificates Only
ELECTRONIC RESULTS FORMAT: .PDF ☐ EXCEL (.CSV) ☐	E-MAIL ADDRESS:
FAXED RESULTS ☐	FAX #:

ENTER ANALYSIS AND METHOD NUMBER REQUESTED

PRESERVATIVE KEY
0 - NONE
1 - HCL
2 - HNO3
3 - H2SO4
4 - NaOH
5 - Zn. Acetate
6 - MeOH
7 - NaHSO4
8 - Other _____

SAMPLE ID	DATE	TIME	MATRIX	GRAB/ COMP	LAB SAMPLE ID (NEA USE ONLY)	NUMBER OF CONTAINERS	PRESERVATIVE CODE	BOTTLE TYPE:	BOTTLE SIZE:	REMARKS:

AMBIENT OR CHILLED:	TEMP:	COC TAPE: Y N	PROPERLY PRESERVED: Y N
RECEIVED BROKEN OR LEAKING: Y N		COC DISCREPANCIES: Y N	RECVD W/I HOLDING TIMES: Y N

OTHER NOTES:

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
PRINTED NAME	PRINTED NAME	PRINTED NAME	PRINTED NAME	PRINTED NAME	PRINTED NAME
COMPANY	COMPANY	COMPANY	COMPANY	COMPANY	COMPANY
DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME

*** CLP LIKE DATA PACKAGE ADDITIONAL COST**