Laboratory Sample ID:

CHAIN OF CUSTODY RECORD

LEGEND Technical Services, Inc.

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Please Print Clearly

CLIENT INFORMATION

Client Name	Address	City	State	Zip	Phone	Fax Number or Email Address

Project Name	Project Number	Contact	P.O. No.	Fax Results ☐ QC Report ☐ EDD ☐ Email Results ☐ Special Detection Limits ☐

SAMPLE TYPE CODES

DW=Drinking Water
WW=Wastewater
SW=Surface Water
GW=Groundwater
O=Other _____
S=Soil/Solid
T=Travel Blank
F=Food
G=Sludge/Biosolids

TURN AROUND TIME

Laboratory Authorization Required for Rush

☐ Standard 10 - 15 Day

☐ Other _____

REQUESTED ANALYSES

Client's Sample Identification	Date	Time	Sample Location	Composite	Grab	Sample Type	Compliance	No. of Containers	pH ✓ (Lab Use Only!)																		LAB NO.

TO ENSURE COMPLETION OF ANALYSIS, SAMPLES MUST BE RECEIVED AT LEAST 3 HOURS PRIOR TO THE HOLD TIME EXPIRATION

Comments / Special Instructions:

SAMPLE CONDITION UPON RECEIPT (Lab Use)		
No. of Containers		
Temperature		
Custody Seals	**Y**	**N**
Seals Intact	**Y**	**N**
Preserved	**Y**	**N**

	RELINQUISHED BY		SAMPLES RECEIVED BY	
①	Sampler Signature	Date	Signature	Date
	Sampler Printed Name	Time	Printed Name	Time
②	Signature	Date	Signature	Date
	Printed Name	Time	Printed Name	Time
③	Signature	Date	Signature	Date
	Printed Name	Time	Printed Name	Time

WHITE-LAB YELLOW-LAB PINK-CLIENT

FORM CS-016