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 Grand Rapids, MI 49525  
 t. 616-364-7600  
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Client: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Email Results To: \_\_\_\_\_  
 Sampling Personnel: \_\_\_\_\_

Wastewater W  
 Drinking Water D  
 Groundwater G  
 Soil S  
 Sludge L  
 Other X

# CHAIN OF CUSTODY

LAB USE	Sample Information			MATRIX	Preservative						Analysis Requested														
	Date Collected	Time Collected	Sample Description and Location (e.g. MW-1)		None	H2SO4	HNO3	HCL	NaOH	Other															
Lab Sample ID #																									

Comments:

Relinquished By: (Signature)	Date	Time	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Date	Time	Received By: (Signature)	Date	Time
Received for Laboratory By:	Date	Time	Data Package Relinquished By:	Date	Time