

SRN Testing Services, LLC 2258 Southwind Blvd Bartlett, IL 60103 603-503-5002 www.srntest.com

Chain of Custody

Contact:		Company:			Standard Turnaround Time (TAT): 10 business days									
Phone #:	<u> </u>		Email:		TAT Request:	st: Standard / Rush		Rush TAT Requested (days):					
Company A	ddress:						Report Type (663, Waste, etc.):							
							Sample Disposal:	30 0	days / Return to Client	/ Other:				
Client Proje	ect Name:													
Project Loc	ation:													
Send Invoic	CE (if different)					<u>Highlig</u>	<mark>hted sections a</mark>	re requir	ed to be filled out by t	the client				

SRN use only									
SRN WO:									
Receipt Temperature:°C									
Thermometer Used:									
VOC Headspace Checked: Yes / No / N/A									
Samples: On Ice / Not on Ice									
TAT Request (days): Standard / Other									
SRN Project ID:									

Indicate State of sample origination (circle): IL WI IN Other:								Analyses Requested							Comments		
Client Sample ID Collection			Misc.			Preservative											
					S												
			÷	a)	No. of Containers	pa											
			cted b	х Тур	f Cont	eserve	irved										
	Date	Time	Collected by:	Matrix Type	No. o	Unpreserved	Preserved										
																	_
Relinquished by: Date:					Time:			Received	by:						Date:		Time:
Relinquished by:				Date: T			Time:		Received by:						Date:		Time: