

GRANITE STATE ANALYTICAL SERVICES, LLC.

CHAIN OF CUSTODY

| WORK ORDER#: | |
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| | |

22 Manchester Road, Unit 2, Derry, NH 03038
Phone: (800) 699-9920 | (603) 432-3044 website: www.granitestateanalytical.com

CUSTODY

| | | | | | | | | | | | | | DUE DATE: | | | | | | | | | | | | |
|--|-----------------------|--------|--------------|----------------------|--------------|-----------------------|------------------|--------------------|------|-----|-----|-----|-----------|-------|-------|----------|-----|-----|-----|--|--|--|--|--|--|
| COMPANY | | | | | | | CONTAINER TYPE | | | | | | AN | ALY | 'SES | | | _ | | | | | | | |
| ADDRE | SS | | | | | | | P-PLASTIC | | 1 | 1 | - 1 | | 7 | | - 1 | I | 7 | | | | | | | |
| | | | | | | | | G-GLASS | - 1 | - 1 | - 1 | | - 1 | | | - 1 | - 1 | - 1 | - 1 | | | | | | |
| PHONI | E# | | _Fax# | | | | | | - 1 | - 1 | | | | | | | | - | | | | | | | |
| P.O.# | | | | | | | | SAMPLE TYPE | | - 1 | | - 1 | | - | | | | | - 1 | | | | | | |
| CLIENT | | | | | | | _ | 1. Water 5. Tissue | - | | - 1 | | - 1 | | | | - | - | - 1 | | | | | | |
| CLIENT CONTACTPROJECT LOCATION/STATE: | | | | | | | 2. Soil 6. Other | - | - | - 1 | | - [| - 1 | 1 | - | - | - | - | | | | | | | |
| EMAIL | | | | | | | 3. Sudge | - | - | | 1 | | 1 | | - | | 1 | 1 | | | | | | | |
| | | | | | | | _ | 4. Oil | | | | 1 | | 1 | | 1 | 1 | 1 | 1 | | | | | | |
| # | SAMPLE IDENTIFICATION | SAMPLE | LE CONTAINER | | SAM | PLING | PRESERVATIVE | | 1 | 1 | | 1 | | | | 1 | | | 1 | | | | | | |
| | | TYPE | SIZE | SIZE TYPE # DATE TIN | TIME | \perp | | | | | | | | | | COMMENTS | | | | | | | | | |
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| Turn Around Time: SAMPLED BY: | | | | | DATE: | | REC | EIVE | D BY | : | | | DATE: | | | | | | | | | | | | |
| | | | | TIME: | | | | | | | | | | TIME: | | | | | | | | | | | |
| RUSHDay TAT RELINQUISHED BY: | | | | DATE: | RECEIVED BY: | | | | | | | | | DATE: | | | | | | | | | | | |
| | | | | TIME: | | | | | | | | | | TIME: | | | | | | | | | | | |
| RELINQUISHED BY: | | | | DATE: | | RECEIVED FOR LAB BY: | | | | | | | DATE: | | | | | | | | | | | | |
| | | | | | | TIME: | | | | | | | | | TIME: | | | | | | | | | | |
| Temp:°C on ice (Y/N) METHOD OF SHIPMENT: | | | | | | SPECIAL INSTRUCTIONS: | | | | | | | | | | | | | | | | | | | |