Contact Information

Client Name/Address:

Report To:

Name

Email

Phone #

Project Information

Project Name/Address:

Collected By (Print):

Client Project #:

Site/Facility ID #:

P.O.#

Turn Around Time

Rush? ☐ Standard

Lab MUST Be Notified ☐ Next Day (5-7 Business Days)

Date Results Needed:

Sample Information

Sample ID	Comp/ Grab	Matrix*	Depth	Date	Time	# of Cntrs	Filtered Sample (Y/N)	Perform MS/MSD (Y/N)									Laboratory ID	Remarks

*** Matrix:** **SS =** Soil **GW -=**Groundwater **WW =** Wastewater **OT =** Other _____

Preservation Used: 1 = HCl 2 = H2SO4 3 = HNO3 4 = NaOH 5 = MeOH 6 = Other _____

Possible Hazard Identification: Please list any EPA Waste Codes for samples listed as EPA Hazardous Waste if the lab is to dispose of the sample.

☐ Non-Hazardous ☐ Skin Irritant ☐ Unknown

☐ Flammable ☐ Poison B

Sample Disposal: A fee may be assessed if samples are retained longer than one month.

☐ Return To Client ☐ Disposal By Lab

☐ Archive For ___ Months

Special Insturctions/QC Requirements and Comments:

Chain of Custody

Relinquished By (Signature):	Date/Time:	Received By (Signature):	Date/Time:
Relinquished By (Signature):	Date/Time:	Received By (Signature):	Date/Time:
Relinquished By (Signature):	Date/Time:	Received For Lab By (Signature):	Date/Time:

THE L&R GROUP

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Suite 2A

Meridian, Idaho 83642

(208) 813-7700

www.tlr.group

Laboratory Only

COC Seal Present/Intact:	Y / N
COC Signed/Accurate:	Y / N
Bottles Intact:	Y / N
Sufficient Volume:	Y / N
VOA Zero Headspace:	Y / N
Preservation Correct:	Y / N

Trip Blank Received: Y / N HCL / MeOH TBR

Temp: °C

Bottles Received:

If preservation required by login, Date/Time:

Hold:

Condition: NCF / OK