Element One, Inc.

CHAIN OF CUSTODY

Lab ID #

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6319-D Carolina Beach Rd. Wilmington, NC 28412

Sample Submission Form Client Information

Phone 910-793-0128 / FAX 792-6853 email e1lab@e1lab.com

Contact:	PO#:			Delivery		Report to:			Analyses Requested							Collected by:						
Company			Due Date:												SS	Sigr	nature	e:				
Address:							Phone								Glass							
				Normal			☐ FAX									Prin	ted:					
				☐5 day *			email								Plastic or							
Project ID:				3 day *		Cell									Pla		Pre	serv	ed ir	n Fie	eld	
Billing information if different:				2 day *			* Rush work needs prior lab								Type,		Pre	serv	ed ir	n Lal	b	
			1 day *			approval. Additional charges will apply.											Red	ceiv	ed c	on Ic	e	
								-							ine							
				(²	S	Free Chlorine	Non-								Container		Ascorbic	°03	-	4	~	
			Type ¹	Matrix ²	# Cntrs	ee Nor	Compliance	_							ö	None	scol	Na ₂ S ₂ O ₃	NaOH	H ₂ SO ₄	HNO ³	
Sample Location / ID#	Date	Time	Ļ	Μ) #	μŊ	Remarks									ž	Aŝ	Ž	Ž	Т	Ī	HCI

1) Type: Composite(C) or Grab (G) 2) Matrix: Wastewater(WW), Drinking water(DW), Groundwater(GW), Soil/Solid(SS), Air Testing(AT), Other(OT)

	-	Received by:	Date:	Time:	Additional instructions:					
Date:	Time:	Received by:	Date:	Time:	Lab notes:					
Date:	Time:	Received for Lab by:	Date:	Time:	pH at receipt:	Temp. at receipt:	Other:			
		Date: Time:	Date: Time: Received for Lab by:	Date: Time: Received for Lab by: Date:	Date: Time: Received for Lab by: Date: Time:	Date: Time: Received for Lab by: Date: Time: pH at receipt:	Date: Time: Received for Lab by: Date: Time: pH at receipt: Temp. at receipt:			