



Element One, Inc.  
5022-C Wrightsville Av.  
Wilmington, NC 28403

# CHAIN OF CUSTODY

## Sample Submission Form

### Client Information

Lab ID # **e**                      Page of  
Phone 910-793-0128 / FAX 792-6853  
email e1lab@e1lab.com

| Contact:                          |  |      | PO#:                             |                   |                     | Delivery   |    |         | Report to:                          |  |                                  | Analyses Requested |  |  |  |  |      | Collected by:  |                                |      |                                |                  |     |  |  |
|-----------------------------------|--|------|----------------------------------|-------------------|---------------------|--|----|---------|-------------------------------------|--|----------------------------------|--------------------|--|--|--|--|------|--|--------------------------------|------|--------------------------------|------------------|-----|--|--|
| Company:                          |  |      | Due Date:                        |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      | Signature:   |                                |      |                                |                  |     |  |  |
| Address:                          |  |      |                                  |                   |                     | <input type="checkbox"/> Phone                                       |    |         |                                     |  |                                  |                    |  |  |  |  |      | Printed:   |                                |      |                                |                  |     |  |  |
|                                   |  |      | <input type="checkbox"/> Normal  |                   |                     | <input type="checkbox"/> FAX   |    |         |                                     |  |                                  |                    |  |  |  |  |      | <input type="checkbox"/> Preserved in Field<br><input type="checkbox"/> Preserved in Lab<br><input type="checkbox"/> Received on Ice |                                |      |                                |                  |     |  |  |
| Project ID:                       |  |      | <input type="checkbox"/> 5 day * |                   |                     | <input type="checkbox"/> email                                       |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
| Billing information if different: |  |      | <input type="checkbox"/> 3 day * |                   |                     | * Rush work needs prior lab approval. Additional charges will apply. |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      | <input type="checkbox"/> 2 day * |                   |                     |  |    |         | <input type="checkbox"/> Compliance |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      | <input type="checkbox"/> 1 day * |                   |                     | <input type="checkbox"/> Non-Compliance                              |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
| Sample Location / ID#             |  | Date | Time                             | Type <sup>1</sup> | Matrix <sup>2</sup> | # Cntrs  | pH | Remarks |                                     |  | Container Type, Plastic or Glass |                    |  |  |  |  | None | Ascorbic   | Na <sub>2</sub> O <sub>3</sub> | NaOH | H <sub>2</sub> SO <sub>4</sub> | HNO <sub>3</sub> | HCl |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |
|                                   |  |      |                                  |                   |                     |  |    |         |                                     |  |                                  |                    |  |  |  |  |      |  |                                |      |                                |                  |     |  |  |

1) Type: Composite(**C**) or Grab (**G**) 2) Matrix: Wastewater(**WW**), Drinking water(**DW**), Groundwater(**GW**), Soil/Solid(**SS**), Monitoring well(**MW**), Other(**OT**)

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