



ARRO Laboratory, Inc.
1-800-439-1522 or 1-815-727-5436
Fax 1-815-740-3234

Est. 1965

FOR LAB USE ONLY

Chain of Custody Record

Company: _____
 Address: _____
 Phone #: (____) ____ - ____ Fax #: (____) ____
 P.O. #: _____
 Client Contact: _____
 Project # / Location: _____

Sample I.D. or Location	Sample Type	Comp/Grab	Container		Date	Sampling Time	Preservative	Lab I.D.	Comments
			Size	Type					

Collected by: _____ Date: _____ Time: _____
 Relinquished by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____
 Received by Lab: _____ Date: _____ Time: _____

TESTS

Sample Type: 1. Drinking Water 2. Waste Water 3. Soil 4. Sludge 5. Other: _____
 Container Type: P - Plastic G - Glass V - VOC

Preservative: 1. None 2. H2SO4 3. HNO3 4. NaOH 5. Sodium Thiosulfate

TURNAROUND TIME: RUSH: ____ day ROUTINE

FOR LAB USE ONLY Samples Received On Ice Yes NO

SPECIAL INSTRUCTIONS OR NOTES: