



EMSL Analytical
 107 Haddon Ave. Westmont NJ 08108
 856-858-4800

Chain of Custody

Company:	Contact:	Phone:
Address:	Bill To:	Fax:
City		E-mail:
State:		Fax or Email Report?
Zip:		

Project Name _____ Date Collected _____ Date Sent _____

Other Information:

<i>For EMSL use only</i> EMSL Order No. _____ Sample(s) received in good condition? [Y] [N] Discernable field blank submitted? [Y] [N]
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Sample ID	Sample Location	Sample Type	Volume (liters), Area (sq. cm), or Weight (grams)	Analysis Code*	Turn-around Time*	Comments

* See attached schedule

Relinquished by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____