Anatek Labs, Inc.

Chain of Custody Record

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Anatek
Log-In #

Company Name:	Project Manager:
Address:	Project Name & # :
City: State: Zip:	Email Address :
Phone:	Purchase Order #:
Fax:	Sampler Name & phone:

Turn Around Time & Reporting

Please refer to our normal turn around times at:
http://www.anateklabs.com/services/guidelines/reporting.asp

__Normal
__Next Day*
__2nd Day*
__Other*_____

*All rush order requests must be prior approved.

__Phone
__Mail
__Fax
__Email

Provide Sample Description / List Analyses Requested

Lab ID	Sample Identification	Sampling Date/Time	Matrix	# of Containers	Sample Volume	Preservative:

Note Special Instructions/Comments

Inspection Checklist

Received Intact?	Y	N
Labels & Chains Agree?	Y	N
Containers Sealed?	Y	N
VOC Head Space?	Y	N

Temperature (°C):_____
Preservative:_____
_____
Date & Time:_____
Inspected By:_____

	Printed Name	Signature	Company	Date	Time
Relinquished by					
Received by					
Relinquished by					
Received by					
Relinquished by					
Received by					