

Chain of Custody

Please fill in all highlighted fields

Customer Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Sample Description (I.e. kitchen sink) _____

First Draw Type: grab/plastic/1L

Collected Date & Time: _____

NEL ID (Lab use only): _____

Analysis: ___ Lead ___ Copper ___ Iron

Preservation: HNO₃ @ Lab

Second Draw Type: grab/plastic/125mL

Collected Date & Time: _____

NEL ID (Lab use only): _____

Analysis: ___ Lead ___ Copper ___ Iron

Preservation: HNO₃ @ Lab

Collected by: _____

Relinquished by: _____

Received at lab by: _____ **Date & Time:** _____