

analytic

Analytical Testing Laboratories

Chain of Custody Record



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Client:		Project #/ Project Name					Number of Containers	1 IR Scan	2 Urea Content	3 Refractive Index	4 Density	5 Alkalinity	6 Biuret	7 Aldehyde	8 Insolubles	9 Phosphate	10 Metals	Remarks If box is checked perform all listed tests <input type="checkbox"/>
Client Contact:		Location (City/State)																
Sample ID	Date	Time	Matrix	Grab or Comp	Lab Internal Use Only													
Parameter and Method	Sample bottle:	Type	Size	Preservative	Sampled by (Print)								Name of Courier					
1 IR Scan					Company: Relinquished by:(sign)								Date	Time	Received by: (sign)			
2 Urea Content																		
3 Refractive Index																		
4 Density					Relinquished by:(sign)								Date	Time	Received by: (sign)			
5 Alkalinity																		
6 Biuret																		
7 Aldehyde					Relinquished by:(sign)								Date	Time	Rec'd for Lab by:			
8 Insolubles																		
9 Phosphorus																		
10 Metals (Al,Ca,Cr,Cu,Fe,K,Mg,Ni,Na,Zn.)																		