

# analytic

Analytical Testing Laboratories

# Chain of Custody Record

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Client:		Project #/ Project Name					Number of Containers	1	2	3	4	5	6	7	8	9	10	<b>Remarks</b>  If box is checked perform all listed tests <input type="checkbox"/>
Client Contact:		ISO 22241 DEF Testing																
Phone #	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:					Received by: (sign)							
2	Urea Content																	
3	Refractive Index					Relinquished by:(sign)		Date	Time	Received by: (sign)								
4	Density																	
5	Alkalinity					Relinquished by:(sign)		Date	Time	Received by: (sign)								
6	Biuret																	
7	Aldehyde					Relinquished by:(sign)		Date	Time	Rec'd for Lab by:								
8	Insolubles																	
9	Phosphorus					Relinquished by:(sign)		Date	Time	Rec'd for Lab by:								
10	Metals (Al,Ca,Cr,Cu,Fe,K,Mg,Ni,Na,Zn.)																	