



FQLabs
Analysts of Excellence

3375 Koapaka St., G314
Honolulu, HI 96819
808-839-9444 Fax 808-839-9744

CHAIN OF CUSTODY AND ANALYSIS REQUEST

DATE: _____ PAGE _____ OF _____

LOG BOOK NO. _____ FILE NO. _____ LAB NO. _____

CLIENT NAME: _____

ADDRESS: _____

PROJECT NAME: _____ PROJECT NO: _____ P.O. NO: _____

PROJECT MANAGER: _____ PHONE NO: _____ FAX NO: _____

SAMPLER NAME: _____ (Printed) _____ (Signature)

TAT (Analytical Turn Around Time) 0 = Same day; 1 = 24 Hour; 2 = 48 Hour; (Etc.) N = NORMAL

CONTAINER TYPES: B = Brass, G = Glass, P = Plastic, V = VOA Vial, O = Other:

ANALYSES REQUESTED:

AIRBILL NO: _____

COOLER TEMP: _____

PRESERVED: _____

REMARKS:

SAMPLE CONDITION/ COMMENTS:

SAMPLE NO.	DATE SAMPLED	TIME SAMPLED	SAMPLE DESCRIPTION	MATRIX		CONTAINER													
				WATER	OTHER	#	TYPE	GRAB/COMP											
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Relinquished By: (Signature and Printed Name) _____ Received By: (Signature and Printed Name) _____ Date: _____ Time: _____

Relinquished By: (Signature and Printed Name) _____ Received By: (Signature and Printed Name) _____ Date: _____ Time: _____

Relinquished By: (Signature and Printed Name) _____ Received By: (Signature and Printed Name) _____ Date: _____ Time: _____

SAMPLE DISPOSITION:

1. Samples returned to client? YES NO

2. Samples will not be stored over 30 days, unless additional storage time is requested.

3. Storage time requested: _____ days

By _____ Date _____

SPECIAL INSTRUCTIONS: _____