



Summit County Public Health Environmental Laboratory

Analysis Request/ Chain of Custody

Client Name		Project ID		Matrix		Analyses Requested										Preservation Codes			
Client Address		Project Address																	
Client Phone		Report To		GW- ground water SW- surface water WW- wastewater DW- drinking water Other:		Preservation and Filtration Codes										1 = HCl 6 = Thiosulfate 2 = HNO3 7 = NaOH 3 = H2SO4 8 = H3PO4 4 = Na2SO3 9 = EDA 5 = Field Filtered 10 = None			
Client Email		Sampled By (print name and provide signature)																	
Contact Person																Rush TAT Requested? <input type="checkbox"/> yes* <input type="checkbox"/> no If yes, _____ Day(s) *Must be Approved by Lab Manager			
PWS ID		Facility ID																	
#	Sample Identification/ Location		Collection		Grab	Composite	Total # of Containers												
			Date	Time															
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
Notes/ Comments:							Relinquished by:		Date	Time	Received by:		Date	Time					
							Relinquished by:		Date	Time	Received by:		Date	Time					
							Relinquished by:		Date	Time	Received in Lab by:		Date	Time					
Reporting/ Accreditation Requirements: <input type="checkbox"/> √ if for Ohio Drinking Water Compliance <input type="checkbox"/> √ if Other Compliance (List State/ Program):							Method of Delivery												
							UPS _____		Fed Ex _____		Client _____		SCPH Sampling _____		Other _____				