MID-ATLANTIC LABORATORIES, INC.
224 Main St., Suite 1
Port Royal, VA 22535
804-742-5577

CHAIN OF CUSTODY

LAB PROJECT
Nº

Client_____
Address_____
Phone #:_____
Fax #:_____

PROJECT NAME:	RUSH ANALYSIS ☐	DATE RESULTS REQUESTED:
PO #:		
SAMPLER (Signatures)		(Print)

DATE	TIME	SAMPLE IDENTIFICATION	Number of Containers	Matrix	Composite/Grab	Preservative	ANALYSES REQUESTED

Relinquished by: (Signature)	Date	Time	Received by: (Signature)
Relinquished by:(Signature)	Date	Time	Received by: (Signature)
Relinquished by:(Signature)	Date	Time	Received by: (Signature)

LAB USE ONLY

pH Temp.

Matrixes: DW = Drinking Water WW = Wastewater S = Soil

Preservatives: N = Nitric H = Hydrochloric S = Sulfuric Zn = Zinc Acetate