


Instructions for the Successful Completion of the Chain of Custody Form - Call 660-248-1911 for Additional Information

Contact information to whom we should submit reports and invoices

Normal turn-around time is 7-10 business days. If results are needed sooner, please note here. Additional fees may apply.



INOVATIA
LABORATORIES, LLC
www.inovatia.com

CHAIN OF CUSTODY RECORD

INOVATIA LABORATORIES, LLC
120 EAST DAVIS STREET • P.O. BOX 30
FAYETTE, MO 65248-0030

PHONE: (660) 248-1911
FAX: (660) 248-1921
IL_CustServ@inovatia.com

FOR OFFICE USE ONLY: CHAIN NUMBER: _____

DATE REPORTED: _____

INVOICE NUMBER: _____

Contact Name: _____ Phone Number: _____ Project Due Date: _____

Company Name: _____ Fax Number: _____

Address: _____ Project Name / Number: _____

City, State, Zip: _____ Quote Number: _____ Sampler's Name: _____

E-Mail: _____ Purchase Order Number: _____ Sampler's Signature: _____

DISPOSITION INFORMATION

STORE WITHIN HOLD TIME

STORE LONG TERM

RETURN AT CUSTOMER EXPENSE

DISPOSE OF SAMPLE AT INOVATIA

OTHER

NOTES: _____

DELIVERY METHOD:

CUSTODY SEALS: YES NO INTACT BROKEN

COOLANT: ICE ICE PACK NONE

PACKAGE TYPE: _____

ARRIVAL TEMPERATURE: _____ °C

MEASURED BY: TEMPERATURE BLANK SAMPLE COOLER / CONTAINER

REQUESTED ANALYSES

LAB NUMBER	Customer Sample Number	Date Collected	Time Collected	Matrix <small>Soil / Water / Sludge / Other</small>	G=grab / C=composite	No. of Containers	NUMBER PER PRESERVATIVE						
							HCl	HNO ₃	NaOH	H ₂ SO ₄	TSP	Other:	Other:
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

Comments: _____

Please include any information that may be useful in the analysis of the sample, such as: *expected concentrations, required detection limits, and method of collection.*

Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____

Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____

Shaded areas for lab use only

Your name for sample

Date & Time your sample was collected

Sign Here

Date Relinquished

Time Relinquished

Grab: one-time sample collection

Composite: sample collected several times over a specific time-frame

Time Collected: should be noted as of last time sample collected

Is sample preserved?
Note here

Shaded areas for lab use only

Additional information that should be documented about your sample

Analysis method number, if known

Requested analysis

Sampler—Sign Here