



CHAIN OF CUSTODY

www.blueridgeanalytical.com

Office Hours • Mon-Thurs 9am-5pm (Closed for lunch 12-1) • Friday 9-12pm



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Client Name:

Client Contact:

Phone:

Client Address:

Project/Facility:

Fax:

City, State, Zip:

Email:

PO#:

Matrix Key:

Preservation Codes:

Pres.

CID

Results: Payment Received:

W = Wastewater/Stormwater
 D = Drinking Water
 S = Soil/Solids
 O = Other: _____

A = Sulfuric Acid (H2SO4)
 B = Nitric Acid (HNO3)
 C = Hydrochloric Acid (HCl)
 D = Sodium Thiosulfate (NaOH)
 E = Sodium Hydroxide (NaOH)

F = Ascorbic Acid
 G = Ammonium Chloride (NH4Cl)
 H = Phosphoric Acid (H3PO4)
 I = Zinc Acetate+ Sod. Hydroxide (ZnAc+NaOH)
 J = None
 K = Other: _____

Cash
 Credit/Debit
 Check: _____

Sample Type Key:
 RT = Routine Sample
 S = Special Sample
 RP = Repeat Sample

Public Drinking Water Clients: For CMDP entry please provide Facility ID, Sampling Point.
 If your system is chlorinated please include chlorine residual.
 Split Fluoride - CMDP requires waterworks field result; please provide on this chain of custody.

LAB USE ONLY
 Blue Ridge Analytical
 Sample No. _____

Sample Location (print)

Matrix
 Comp
 Grab

PWSID (if applicable)

Collection Information

Date

Time

Sample Type

Facility ID

Sampling Point

Chlorine Residual (if applicable)

Split Fluoride Result

Sampled By: (print)

LAB USE ONLY

Blue Ridge Analytical

Sample No.

_____ °C

Comments:

Document No: COC

Samples on Wet Ice: Yes ___ No ___
 Samples on Blue Ice: Yes ___ No ___

Cooler/Blank Temp. (Lab Use) _____ °C

Relinquished by Sampler (sign):

Date/Time

Received By:

Date/Time:

Relinquished by:

Date/Time

Received By:

Date/Time:

Relinquished by:

Date/Time

Received By:

Date/Time:

Relinquished by:

Date/Time

Received By:

Date/Time:

All samples received on the above chain of custody will be reported together.