



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: _____

Client Address: _____ Project/Facility: _____

City, State, Zip: _____ Email: _____

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

Preservation Codes:
 A= Sulfuric Acid
 G= Ascorbic Acid
 H= Ammonium Chloride (NH4Cl)
 B= Nitric Acid (HNO3)
 C= Hydrochloric Acid (HCl)
 D= Sodium Thiosulfate
 E= Sodium Hydroxide (NaOH)
 F= Ammonium Chloride (NH4Cl)
 G= Ascorbic Acid
 H= Phosphoric Acid (H3PO4)
 I= Zinc Acetate+ Sod. Hydroxide (ZnAc+NaOH)
 J= None
 K= Other: _____

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Sample Location (print)	Matrix	Comp	Grab	PWSID (if applicable)	Collection Information		Date	Time	Facility ID	Sampling Point	Chlorine Residual (if applicable)	Split Fluoride Result	Sampled By: (print)	LAB USE ONLY Blue Ridge Analytical Sample No.
					Pres.	CID								

Comments: _____

Relinquished by Sampler (sign): _____ Date/Time: _____

Relinquished by: _____ Date/Time: _____

Relinquished by: _____ Date/Time: _____

Relinquished by: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Received by Lab: _____ Date/Time: _____

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

Cooler/Blank Temp. (Lab Use) _____ °C

Results: _____ Payment Received: _____

Mail _____ Cash _____
 Fax _____ Credit/Debit _____
 Email _____ Check: _____

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

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