TURNER LABORATORIES INC.
2445 N. Coyot e Drive, Suite 104
Tucson, Arizona 85745
(520) 882-5880
Fax: (520) 882-9788
www.turnerlabs.com

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

TURNER WORK ORDER # _____ **DATE** _____ **PAGE** _____ **OF** _____

PROJECT NAME _____ # _____

CONTACT NAME : _____

COMPANY NAME : _____

ADDRESS : _____

CITY _____ STATE _____ ZIP CODE

PHONE _____ FAX

SAMPLER'S SIGNATURE _____

CIRCLE ANALYSIS REQUESTED AND/OR CHECK THE APPROPRIATE BOX

SAMPLE I.D.	DATE	TIME	LAB I.D.	SAMPLE MATRIX*	NUMBER OF CONTAINERS																			

1. RELINQUISHED BY:
Signature
Printed Name
Firm
Date/Time

2. RECEIVED BY:
Signature
Printed Name
Firm
Date/Time

TURNAROUND REQUIREMENTS:
_____**Standard (approx.10 days)***
____Next day ____2 Day _____5 Day*
_____ Email Preliminary Results To:
_____
*** Working Days**

REPORT REQUIREMENTS:
_____ I. Routine Report
____ II. Report (includes DUP,MS,MSD, as required, may be charged as samples)
____ III. Date Validation Report (Includes All Raw Data)
Add 10% to invoice

INVOICE INFORMATION:
Account _____ Y _____ N
P.O. # _____
Bill to: _____

SAMPLE RECEIPT:
_____
Total Containers _____
_____
Temperature _____
_____
☐ Wet Ice ☐ Blue Ice

3. RELINQUISHED BY:
Signature
Printed Name
Firm
Date/Time

4. RECEIVED BY:
Signature
Printed Name
TURNER LABORATORIES, INC.
Firm
Date/Time

***LEGEND**
DW = DRINKING WATER
GW = GROUNDWATER
SD = SOLID
SG = SLUDGE
SL = SOIL
ST = STORMWATER
WW = WASTEWATER

SPECIAL INSTRUCTIONS/COMMENTS:

Compliance Analysis:	☐ Yes	☐ No	**Custody Seals**	☐	**Preservation Confirmation**	☐
ADEQ Forms:	☐ Yes	☐ No	**Container Intact**	☐	**Appropriate Head Space**	☐
Mail ADEQ Forms:	☐ Yes	☐ No	**COC/Labels Agree**	☐	**Received Within Hold Time**	☐