SIEMENS

Company Name	Project:	
Report Mailing Address	Contact Name, Phone, Fax, Email	
Invoice Address	Purchase Order #	Invoice Contact and Phone No.

Matrix: Drinking Water Groundwater Wastewater Soil/Solid Other:_____

Wis. PECFA Project subject to U&C? Yes No

For Compliance Monitoring? Yes No State:_____
(If Yes, please specify Agency or Regulation) Agency/Reg.:_____

Turnaround Request: [ ] Normal (10 Bus. Days)
[ ] Rush (Must be pre-approved by Lab and is subject to surcharges)
Date Needed: _____

WO No. _____

Lab Use Only

Delivered by:	Hand		Courier
Ship. Cont. OK?	Y	N	NA
Samples Leaking?	Y	N	NA
Seals OK?	Y	N	NA
Rec'd on Ice?	Y	N	NA

Sample Receiving Comments:

Lab Use only	Sample Date	Sample Time	No. of Containers Comp	No. of Containers Grab	Sample ID	Analyses Requested	Comments

Chain of Custody Record

Relinquished By:	Date	Time	Received By: