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# TTI ENVIRONMENTAL LABORATORIES

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## CHAIN OF CUSTODY RECORD

CLIENT NAME	CLIENT CONTACT	<b>LAB USE</b> Lab No. _____ ON ICE <input type="checkbox"/> YES <input type="checkbox"/> NO TEMP OF COOLERS °C 3      4      5      6      >6 <b>CUSTODY SEAL</b> Cooler <input type="checkbox"/> Y <input type="checkbox"/> N    Samples <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SEAL INTACT</b> Cooler <input type="checkbox"/> Y <input type="checkbox"/> N    Samples <input type="checkbox"/> Yes <input type="checkbox"/> No				
CLIENT ADDRESS	PHONE					
CITY, STATE, ZIP	FAX					
P.O.NO.	EMAIL					
PROJECT NO.	QUOTE NO.					
		SAMPLER'S NAME				

Sample Collection				Sample Name	Sample Description	Area Sampled (Swab) Air Volume (Cassette) Wastewater	Iskon Lab ID
Date Ex: mm/dd/yy	Time Ex: hh:mm	(C)omp (G)rab	Matrix				

Matrix Being submitted:  Cassette(C)       Swab(S)       Wastewater(WW)       Other(O)

TURNAROUND TIME:  Same Day       1 Day       2 Day       3 Day       4 Day       1 Week

Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time	REMARKS: <input type="checkbox"/> TTI Drop Off <input type="checkbox"/> TTI Pickup  Clients' delivery of samples to TTI constitutes acceptance to reimburse TTI as per the terms and conditions listed in the price schedule.
Relinquished by (Signature)	Date	Time	Received by (Signature)	Date	Time	