

TRIES Analytical Laboratory

Sample Chain of Custody

REPORT TO:										BILL TO:																								
Company					Address					Company					Address																			
City, State, Zip					Attn					Phone					City, State, Zip					Attn					Phone					Fax				
Comments										Analysis Required										Tries Log #														
Date Collected	24 Hr Time Collected	Matrix	C O M P	G R A B	Sample Description	Number of Containers														Sample ID Number	TRIES Use Only: Sample Receipt Checklist:													
																					Shipped : _____ Hand Del: _____													
																					Outer Container Tape: Present: _____ Intact: _____													
																					Temperature of Temperature Blank: _____													
																					Broken: _____ Leaking: _____													
																					Proper Preservative: _____													
																					COC Seals: Present: _____ Intact: _____													
																					COC & Labels Match: _____													
Collected By:					Date:					Time:					Received By:					Date:					Time:									
Relinquished By:					Date:					Time:					Received By:					Date:					Time:									
Requested Turnaround Time: Normal										Rush										Sample Receiving/ Laboratory Comments:										Sufficient Quantity: _____				
Report results by: _____																																		
Rush results requested by: Phone										Fax																								