


*Mandatory Fields		CHAIN OF CUSTODY										Page ___ of ___																							
CLIENT CODE:		*PROJECT MANAGER:					SAMPLER:					CoC/Quote #: (if applicable)																							
*CLIENT:		*PM MOBILE:					SAMPLER MOBILE:																												
OFFICE: <small>(Invoiced Office)</small>		ALS QUOTE # <small>(Client PL if blank)</small>					PURCHASE ORDER NO.:					<div style="text-align: center;"> <input type="checkbox"/> CC Invoice to PM </div>																							
PROJECT NO./PROJECT:		SITE:																																	
*INVOICE TO: <small>(client default if nil)</small>												BIOSECURITY																							
*EMAIL REPORTS TO: <small>(default to PM if blank)</small>						*ANALYSIS REQUIRED <small>(NB. ALS Quote No. and/or Analysis Suite Codes must be listed to attract suite/quoted price) Where Metals are required, specify Total (unfiltered bottle required) or Dissolved (field filtered bottle required). Mark an X in the boxes below analysis to indicate the parameter listed above to be tested on that sample.</small>						Country of Origin: <small>(if not New Zealand)</small>																							
* STORAGE REQUIREMENTS <small>Please check box.</small> Standard Storage time from receipt of samples: Waters - 3 weeks Soils - 2 months				<input type="checkbox"/> Standard Storage <input type="checkbox"/> Extended Storage <small>Specify Disposal Date:</small> Note: Extended storage incurs a fee and requires a signed agreement.		* TURNAROUND <small>Please check box.</small> *(Not all tests can be expedited, contact Client Services for more information)		<input type="checkbox"/> Standard <input type="checkbox"/> Urgent <input type="checkbox"/> ESDAT <input type="checkbox"/> QC		WO Sticker to go here. <small>(ALS use only)</small>		Lab use only: Lab ID: Registered By: Date Register:																							
Comments:						MATRIX: S Soil / Soils / Sediments CW Contaminated Water / Surface Ground / Bore / Fresh Water SW Surface Water / Rain Water / Trade Water / Leachate PW Pool Water SL Saline / Seal / Geothermal Water																													
ALS Use Only		Sample ID		Depth										Date/Time		No. Bottles																			
Lab ID																		Additional Information <small>(Comment on hazards - e.g., asbestos, known high contamination)</small>																	
Receipt Detail <small>(Lab Use ONLY)</small>		Ice: Chilling Method: Frozen / Melted		Ice Bricks: Frozen / Thawed		None		Sample Temp at Receipt		°C		°C		°C		Security Seal Intact (circle)		Yes / No / NA(None)		Carrier Details		Courier/Post		Client		Packaging: (Circle)		Chilly Bin		Polystyrene		Box/Bag/Other			
Relinquished by:						Signature:						Date/Time:						Received by:						Signature						Date/Time:					
Relinquished by:						Signature:						Date/Time:						Received by:						Signature						Date/Time:					