



Chain of Custody Record

This is a legal document that authorizes Alloway to perform testing on samples submitted under this agreement

- 1101 North Cole Street, Lima, OH 45805
(P) 419-223-1362 (F) 419-227-3792
- 1776 Marion-Waldo Road, Marion OH 43302
(P) 740-389-5991 (F) 740-389-1481
- 508 Bissman Court, Mansfield, OH 44903
(P) 419-525-1644 (F) 419-524-5575

Report To: Name: Company: Address:	Invoice To (If Different): Name: Company: Address: PO#:	Notes/Comments
Phone #: _____ Fax #: _____		
E-mail: _____		

Project Name		Matrix Codes:
		ww - wastewater s - solid sg - sludge gw - groundwater w - water o - other dw - drinking water oil - oil
Sampler	(Print) _____ (Signature) _____	

	Customer Sample ID / Sample Location	Sample Date	Sample Time	Comp.	Grab	Matrix	Number of Containers	Analysis Required	Alloway Lims # <small>(For Lab Use Only)</small>
1									
2									
3									
4									
5									
6									
7									
8									

Relinquished by:	Received by:	Date	Time	Sample Receiving <small>(For Lab Use Only)</small>	Priority <small>(for Client use)</small> <small>Note: Rush Charges May Apply</small>
1				Ice Present? Y <input type="checkbox"/> N <input type="checkbox"/> Proper Preservation? Y <input type="checkbox"/> N <input type="checkbox"/> Container Temperature: _____	24 Hrs <input type="checkbox"/>
2					48 Hrs <input type="checkbox"/>
3					3 Working Days <input type="checkbox"/>
Method of Sample Delivery: UPS/FedEx <input type="checkbox"/> Client Delivery <input type="checkbox"/> Other _____ Alloway Pick-up <input type="checkbox"/>		Received for Laboratory By: _____ <small>(Signature)</small>		Routine (5-10 Working days) <input type="checkbox"/>	