

Page: _____ of _____
 Project #: _____
 GEL Quote #: _____
 COC Number (1): _____
 PO Number: _____

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone (843) 556-8171
 Fax (843) 766-1178

GEL Work Order Number: _____

Client Name:		Phone #:		Sample Analysis Requested (5) (Fill in the number of containers for each test)											
Project/Site Name:		Fax #:		Should this sample be considered:											← Preservative Type (6)
Address:															Comments Note: extra sample is required for sample specific QC
Collected by:		Send Results To:		Radiactive	TSC A Regulated										
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (4)			Field Filtered (1)	Sample Matrix (6)								
*For composites - indicate start and stop date/time															
4.4A.R.1.1	11-25-15														
4.4A.R.2.1	11-25-15														
4.4B.R.1.1	11-25-15														
4.4B.R.2.1	11-25-15														
4.4C.R.4.1	11-25-15														
4.4C.R.4.2	11-25-15														
4.4C.R.5.1	11-25-15														
4.4C.R.5.2	11-25-15														
4.4C.R.6.1	11-25-15														
4.4C.R.6.2	11-25-15														

TAT Requested: Normal / Rush / Specify (Subject to Surcharge) / Fax Results Yes / No / Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone
 Eastern Pacific
 Central Other _____
 Mountain

Chain of Custody Signatures						Sample Shipping and Delivery Details					
Requisitioned By (Signed)	Date	Time	Received by (Signed)	Date	Time	GEL PM:					
1			1			Method of Shipment			Date Shipped		
2			2			Airbill #					
3			3			Airbill #					

- 1.) Chain of Custody Number - Client Determined
- 2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, BB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
- 3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered.
- 4.) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Misc Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O=Oil, F=Filter, P=Wipe U=Urine, F=Fecal, N=N
- 5.) Sample Analysis Requested - Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
- 6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, if no preservative is added = leave field blank

For Lab Receiving Use Only
Custody Seal Intact?
YES / NO
Cooler Temp
C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page _____ of _____	GEL Chain of Custody and Analytical Request **See www.gel.com for GEL's Sample Acceptance SOP**	GEL Laboratories, LLC 2040 Savage Road Charleston, SC 29407 Phone: (843) 556-8171 Fax: (843) 766-1178
Project #:		GEL Work Order Number:
GEL Quote #:		
COC Number (1):		
PO Number:		

Client Name:		Phone #:		Sample Analysis Requested (5) (Fill in the number of containers for each test)														
Project/Site Name:		Fax #:		Should this sample be considered:	1	2	3	4	5	6	7	8	9	10	11	12	Preservative Type (6)	
Address:																	Comments Note: extra sample is required for sample specific QC	
Collected by:		Send Results To:		Rati onal	YSC A Regu lated	per of	1	2	3	4	5	6	7	8	9	10	11	12
Sample ID <i>* For comparatives - indicate start and stop date/time</i>		*Date Collected (mm-dd-yy)																
4,4C.R.1.1		11-30-15																
4,4C.R.1.2		11-30-15																
4,4C.R.1.3		11-30-15																
4,4C.R.1.4		11-30-15																
4,4C.R.2.1		11-30-15																
4,4C.R.2.2		11-30-15																
4,4C.R.2.3		11-30-15																
4,4C.R.2.4		11-30-15																
4,4C.R.2.5		11-30-15																
4,4C.R.7.1		11-30-15																

TAT Requested: Normal Rush Specify: (Subject to Surcharges) Fax Results: Yes No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone: Eastern Pacific Other Mountain

Chain of Custody Signatures			Sample Shipping and Delivery Details		
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
			GEL PM:		
			Method of Shipment:		Date Shipped:
			Airtel #:		
			Airtel #:		

1) Chain of Custody Number - Client Determined
 2) QC Codes: N - Normal Sample, TB - Trip Blank, FD - Field Duplicate, ER - Equipment Blank, MS - Matrix Spike Sample, MSD - Matrix Spike Duplicate Sample, G - Grab, C - Composite
 3) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
 4) Matrix Codes: DW - Drinking Water, GW - Groundwater, SW - Surface Water, WW - Waste Water, W - Water, ML - Misc Liquid, SO - Soil, SD - Sediment, SL - Sludge, SS - Sewer Waste, O - Oil, L - Leachate, P - Pipe, L - Liner, F - Fecal, N - N/A
 5) Sample Analysis Requested - Analytical method requested (i.e. 6260B, 6010B, 7470A) and number of containers provided for each (i.e. 6260B - 3, 6010B, 7470A - 1)
 6) Preservative Type: HA - Hydrochloric Acid, NI - Nitric Acid, SH - Sodium Hydroxide, SA - Sulfuric Acid, AA - Ascorbic Acid, HX - Hexamine, ST - Sodium Thiosulfate. If no preservative is added - leave field blank

For Lab Receiving Use Only	
Chain of Custody Seal Intact?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cooler Temp:	C

WHITE - LABORATORY YELLOW - FILE PINK - CLIENT

Page _____ of _____
 Project #:
 GEL Quote #:
 COC Number (3):
 PO Number:

GEL Chain of Custody and Analytical Request

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GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

GEL Work Order Number:

Client Name:			Phone #:			Sample Analysis Requested (6) (Fill in the number of containers for each test)											
Project/Site Name			Fax #:			Should this sample be considered											Preservative Type: (6)
Address:																	Comments Note: extra sample is required for sample specific QC
Collected by:		Send Results To:				Radiactive	TSC A Registered										
Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (4)	Field Filtered (1)	Sample Matrix (5)												
4.4.D.R.3.1	11/30/15																
4.4.D.R.3.2	11/30/15																
4.4.D.R.4.1	11/30/15																
4.4.D.R.4.2	11/30/15																
4.4.D.R.5.1	11/30/15																
4.4.D.R.5.2	11/30/15																
4.4.D.R.5.5	11/30/15																

TAT Requested: Normal / Rush / Specify (Subject to Surcharge) Fax Results Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards. Sample Collection Time Zone
Eastern Pacific
Central Other _____
Mountain

Chain of Custody Signatures			Sample Shipping and Delivery Details		
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time

GEL PM:	
Method of Shipment	Date Shipped:
Airbill #	
Airbill #	

- 1.) Chain of Custody Number -- Client Determined
 2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
 3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
 4.) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Soil-Dredge, SI=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=Non
 5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
 6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added - leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
YES NO

Cooler Temp
C

WHITE = LABORATORY

YELLOW = FILE

PINK = CLIENT

Page _____ of _____
 Project #:
 GEL Quote #:
 COC Number: (1)
 PO Number:

GEL Chain of Custody and Analytical Request

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GEL Work Order Number:

GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

Client Name:		Phone #:		Sample Analysis Requested (5) (Fill in the number of containers for each test)														
Project/Site Name:		Fax #:		Should this sample be considered											Preservative Type (6)			
Address:					Comments Note: extra sample is required for sample specific QC.													
Collected by:		Send Results To:																
Sample ID <small>* For composites - indicate start and stop durations</small>	Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (4)	Field Filtered (5)	Sample Matrix (5)	Radi oacti ve	TSC A Rego lated	ber of										
4.4C.R.7.2	11-30-15																	
4.4C.R.7.5	11-30-15																	
4.4D.R.1.1	11-30-15																	
4.4D.R.1.2	11-30-15																	
4.4D.R.1.3	11-30-15																	
4.4D.R.1.4	11-30-15																	
4.4D.R.2.1	11-30-15																	
4.4D.R.2.2	11-30-15																	
4.4D.R.2.3	11-30-15																	
4.4D.R.2.4	11-30-15																	

TAT Requested: Normal Rush Specify (Subject to Surcharges) Fax Results Yes No Circle Deliverable: C of A QC Summary Level 1 Level 2 Level 3 Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone
 Eastern Pacific
 Central Other
 Mountain

Chain of Custody Signatures				Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received By (Signed)	Date	Time	GEL PM:	
1			1			Method of Shipment:	Date Shipped:
2			2			Airtel #	
3			3			Airtel #	

1) Chain of Custody Number - Client Determined
 2) QC Codes: N = Normal Sample, TB = Trip Blank, FH = Field Duplicate, RB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
 3) Field Filtered: For liquid matrices, indicate with a 'Y' for yes the sample was field filtered or a 'N' for sample was not field filtered
 4) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Misc. Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, D, O, F, P, H, U, E, F, C, N, S
 5) Sample Analysis Requested: Analytical method requested (e.g. 3260B, 6010B/7470A), and number of containers provided for each (e.g. 3260B - 3, 6010B/7470A - 1)
 6) Preservative Type: HA = Hydrochloric Acid, NA = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexanoic, SC = Sodium Thiosulfate. If no preservative is added, leave field blank.

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO

Cooler Temp
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page: _____ of _____
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 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

Client Name: _____ Phone #: _____

Project/Site Name: _____ Fax #: _____

Address: _____

Collected by: _____ Send Results To: _____

Sample ID <i>* For composites - indicate start and stop date/time</i>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Radiocesium	TSC A Regulated	Sample Analysis Requested (5) (Fill in the number of containers for each test)										Preservative Type (6)	Comments Note: extra sample is required for sample specific QC.			
								1	2	3	4	5	6	7	8	9	10			11	12	
4.4D.R.2.5	11-30-15																					
4.4D.R.6.1	11-30-15																					
4.4D.R.6.2	11-30-15																					
4.4D.R.6.5	11-30-15																					
4.4D.R.6.6	11-30-15																					

TAT Requested: Normal / Rush / Specify (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards _____

Sample Collection Time Zone:
 Eastern Pacific
 Central Other _____
 Mountain

Chain of Custody Signatures			Sample Shipping and Delivery Details		
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1					
2					
3					

GEL PM

Method of Shipment: _____ Date Shipped: _____

Airbill # _____

Airbill # _____

1) Chain of Custody Number - Client Determined
 2) QC Codes: N=Normal Sample, TB=Trip Blank, FD=Field Duplicate, EB=Equipment Blank, MS=Matrix Spike Sample, MSD=Matrix Spike Duplicate Sample, G=Grab, C=Composite
 3) Field Filtered - For liquid matrices, indicate with n - V - for yes the sample was field filtered or - N - for sample was not field filtered
 4) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wsp, U=Urine, F=Fecal, N=Nitrate
 5) Sample Analysis Requested: Analytical method requested (i.e. #260B, 6010B/7470A) and number of containers provided for each (i.e. 3260B-1, 6010B/7470A-1)
 6) Preservative Type: HA=Hydrochloric Acid, NI=Nitric Acid, SH=Sodium Hydroxide, SA=Sulfuric Acid, AA=Ascorbic Acid, HX=Hexane, ST=Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO

Cooler Temp.
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT