

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

Client Name: _____ Phone #: _____
 Project/Site Name: _____ Fax #: _____

Address: _____
 Collected by: _____ Send Results To: _____

| Sample ID <small>* For composites - indicate start and stop date/time</small> | *Date Collected (mm-dd-yy) | *Time Collected (Military) (hhmm) | QC Code # | Field Filtered (0) | Sample Matrix (0) | Rad. A | TSC Reg. per of | Should this sample be considered | | 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 |
|--|----------------------------|-----------------------------------|-----------|--------------------|-------------------|--------|-----------------|----------------------------------|----|--|-----------------------|---|
| | | | | | | | | Yes | No | | | |
| S.6A.R.2.1A, S.6A.R.2.1B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.2.2A, S.6A.R.2.2B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.2.3.1A, S.6A.R.2.3.1B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.2.3.2A, S.6A.R.2.3.2B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.4.1A, S.6A.R.4.1B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.4.2A, S.6A.R.4.2B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.2.1A, S.6A.R.2.1B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.2.2A, S.6A.R.2.2B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.2.3.1A, S.6A.R.2.3.1B | 12-14-15 | | | | | | | | | | | |
| S.6A.R.2.3.2A, S.6A.R.2.3.2B | 12-14-15 | | | | | | | | | | | |

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 _____

Chain of Custody Signatures

| Relinquished By: (Signed) | Date | Time | Received by: (Signed) | Date | Time |
|---------------------------|------|------|-----------------------|------|------|
| | | | | | |
| | | | | | |
| | | | | | |

Sample Shipping and Delivery Details

GEL PM: _____ Method of Shipment: _____ Date Shipped: _____
 Airtail #: _____ Airtail #: _____

Sample Collection Time Zone
 Eastern _____ Pacific _____
 Central _____ Other _____
 Mountain _____

1) Chain of Custody Number = Client Determined
 2) QC Container: N = Normal Sample, TB = Trip Blank, PD = Field Duplicate, FB = 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: BW=Drinking Water, GV=Groundwater, SW=Surface Water, WWS=Waste Water, MW=Misc. Liquid, SO=Soil, SD=Soil/Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Paper, U=Urine, PF=Paint, N=Noise

5) Sample Analysis Requested: Analytical method requested (e.g. 8260B, 6010B/7470A) and number of containers provided for each (e.g. 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

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

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

GEL Chain of Custody and Analytical Request

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Page: _____ of _____
 Project #: _____
 GEL Quote #: _____
 COC Number (0): _____
 PO Number: _____

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

GEL Work Order Number: _____
 Phone #: _____
 Fax #: _____

Client Name: _____ Project/Site Name: _____
 Address: _____
 Collected by: _____
 Sent Results To: _____

| Sample ID | *Date Collected (mm-dd-yy) | *Time Collected (Military) (hhmm) | QC Cole (s) | Field Filtered (s) | Sample Matrix (s) | Should this sample be considered | | TSC A Regu lated bet of | Sample Analysis Requested (s) (Fill in the number of containers for each test) | Preservative Type (6) | Comments Note: extra sample is required for sample specific QC |
|------------|----------------------------|-----------------------------------|-------------|--------------------|-------------------|----------------------------------|----|-------------------------|--|-----------------------|---|
| | | | | | | Yes | No | | | | |
| 5.6A.R.1.1 | 12/17/15 | | | | | | | | | | |
| 5.6A.R.1.2 | 12/17/15 | | | | | | | | | | |
| 5.6A.R.1.3 | 12/17/15 | | | | | | | | | | |
| 5.6A.R.1.4 | 12/17/15 | | | | | | | | | | |
| 5.6A.R.1.5 | 12/17/15 | | | | | | | | | | |
| 5.6A.R.1.6 | 12/17/15 | | | | | | | | | | |
| 5.5A.R.1.1 | 12/17/15 | | | | | | | | | | |
| 5.5A.R.1.2 | 12/17/15 | | | | | | | | | | |
| 5.5A.R.1.3 | 12/17/15 | | | | | | | | | | |
| 5.5A.R.1.4 | 12/17/15 | | | | | | | | | | |

TAT Requested: Normal _____ Rush: _____ Specify: _____ (Subject to Surcharge) Fax Results: _____ Yes / No
 Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

| Chain of Custody Signatures | | | | Sample Shipping and Delivery Details | | | |
|-----------------------------|------|------|----------------------|--------------------------------------|------|---------------------|---------------|
| Relinquished By (Signed) | Date | Time | Received by (Signed) | Date | Time | Method of Shipment: | Date Shipped: |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4
 Sample Collection Time Zone: Eastern Pacific Other _____
 Mountain

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/Sludge, SS=Solid Waste, O=Oil, P=Filter, P-W=Plastic, U=Urine, F=Fecal, N=Nitrate
 5) Sample Analysis Requested: Analytical method requested (i.e. 8250B, 6010B/7470A) and number of containers provided for each (i.e. 8250B 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

WHITE = LABORATORY
 YELLOW = FILE
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For Lab Receiving Use Only:
 Custody Seal Intact? YES / NO
 Cooler Temp: C