

Page: _____ of _____ Project #: GEL Quote #: COC Number (1): PO Number:	<h2 style="margin:0;">GEL Chain of Custody and Analytical Request</h2> <p style="margin:0;">**See www.gel.com for GEL's Sample Acceptance SOP**</p> <p style="margin:0;">GEL Work Order Number:</p>	GEL Laboratories, LLC 2040 Savage Road Charleston, SC 29407 Phone: (843) 556-8171 Fax: (843) 766-1178
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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:	Radi	TSC	A	Regu	lated	ber of													← Preservative Type (6)
Address:																					Comments Note: extra sample is required for sample specific QC
Collected by:		Send Results To:																			
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (4)	Field Filtered (5)	Sample Matrix (6)																
* For composites - indicate start and stop date/time																					
BGA 1.4.2	12/21/15																				
BGA 1.5.1	12/21/15																				
BGA 1.5.2	12/21/15																				
BGA 2.1.1	12/21/15																				
BGA 2.1.2	12/21/15																				
BGA 2.1.3	12/21/15																				
BGA 2.1.4	12/21/15																				
BGA 2.1.5	12/21/15																				
BGA 2.2.1	12/21/15																				
BGA 2.2.2	12/21/15																				

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
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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			Airbill #:			
3			3			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 = 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. 8160B, 6010B/7470A) and number of containers provided for each (i.e. 3260B - 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

GEL Chain of Custody and Analytical Request

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

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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 #: _____
 Project/Site Name: _____ Fax #: _____
 Address: _____

Collected by: _____ Sent Results To: _____

Sample ID	Date Collected (mm-dd-yy)	Time Collected (hh:mm)	QC Code #	Field Filtered (Y/N)	Specific Matrix #	TSC Rad. Resp. per 0.5	Should this sample be considered	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	
								1	2	3	4			
BCA 2.3.1	12/21/15													
BCA 2.3.2	12/21/15													
BCA 2.4.1	12/21/15													
BCA 2.4.2	12/21/15													
BCA 2.5.1	12/21/15													
BCA 2.5.2	12/21/15													
BCA 2.1.6	12/21/15													

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

Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Relinquished By (Signed) _____ Date _____ Time _____
 Received by (Signed) _____ Date _____ Time _____

Chain of Custody Signatures

Sample Shipping and Delivery Details

1) Chain of Custody Number - Client Determined
 2) QC Code: N = Normal Sample, TB = Trip Blank, FB = Field Duplicate, EH = 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 no sample was not field filtered
 4) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Mixed Liquid, SD = Solid, SS = Solid Waste, Q = Q.U., F = Filter, P = Wipe, U = Urine, F = Fecal, N = N/A
 5) Sample Analysis Requested: Analytical method requested (e.g. 8202B, 8010B, 8170A) and number of containers provided for each (e.g. 8202B - 3, 6010B/8170A - 1)
 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SR = Sulfuric Acid, SA = Ascorbic Acid, BX = Boric Acid, 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