



# MANSFIELD CHAIN OF CUSTODY

PAGE \_\_\_\_\_ OF \_\_\_\_\_

WESTBORO, MA  
TEL: 508-898-9220  
FAX: 508-898-9193

MANSFIELD, MA  
TEL: 508-822-9300  
FAX: 508-822-3288

## Client Information

Client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

These samples have been previously analyzed by Alpha

## Project Information

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project #: \_\_\_\_\_

Project Manager: \_\_\_\_\_

ALPHA Quote #: \_\_\_\_\_

## Turn-Around Time

Standard       RUSH (only confirmed if pre-approved!)

Date Due: \_\_\_\_\_      Time: \_\_\_\_\_

Other Project Specific Requirements/Comments/Detection Limits:

## PLEASE NOTE

MS/MSD (at unit cost) will be omitted unless you check here: 

Date Rec'd in Lab: \_\_\_\_\_

ALPHA Job #: \_\_\_\_\_

## Report Information - Data Deliverables

FAX       EMAIL

ADEx       Add'l Deliverables

## Billing Information

 Same as Client info      PO #: \_\_\_\_\_

## Regulatory Requirements/Report Limits

State /Fed Program      Criteria

<b>ANALYSIS</b>											<b>TOTAL # BOTTLES</b>
	<b>SAMPLE HANDLING</b> Filtration _____ <input type="checkbox"/> Done <input type="checkbox"/> Not needed <input type="checkbox"/> Lab to do Preservation <input type="checkbox"/> Lab to do <small>(Please specify below)</small>										
Sample Specific Comments											

ALPHA Lab ID (Lab Use Only)	Sample ID	Collection		Sample Matrix	Sampler's Initials																			
		Date	Time																					

				Container Type											
				Preservative											
Relinquished By: _____				Date/Time _____				Received By: _____				Date/Time _____			

Please print clearly, legibly and completely. Samples can not be logged in and turnaround time clock will not start until any ambiguities are resolved. All samples submitted are subject to Alpha's Terms and Conditions. See reverse side.