



159 Pasadena Avenue, South Pasadena, CA 91030
1-800-303-0047 www.latesting.com

Chain of Custody / Analysis Request Form

Print ALL Information. Put N/A in blanks not applicable

LA Testing Project # _____

Sales Rep: _____

Indicate State where samples collected: _____

REPORT RESULTS TO:		SEND INVOICE TO:		TURNAROUND TIME	
Name:		Name:		Date Results needed by: _____	
Company:		Company:		Standard Turnaround Time is 10 working days <input type="checkbox"/>	
Address:		Address:		The following turnaround times require lab approval:	
City:		City:		<input type="checkbox"/> 4-5 days <input type="checkbox"/> 72 Hrs <input type="checkbox"/> 48 Hrs	
State ZIP:		State ZIP:		<input type="checkbox"/> 24 Hrs Approved by _____	
TEL: FAX:		TEL: FAX:		Date of Sample Shipment: _____	
Sampled by: (Signature)		# of Samples in Shipment: _____			

Failure to complete shaded areas will hinder processing of samples.				MATRIX				Method Preserved				Sampling		List Test Needed																	
Sample Number	Station Location /Sample ID	COMP	GRAB	W	S	A	S	O	H	H	H	I	O	D	T																
				A	O	I	L	T	C	N	2	C	T	A	I																
				E	L	R	U	H	L	O	S	E	H	T	M																
				R			G	E		3	O		E	E	E																
1.																															
2.																															
3.																															
4.																															
5.																															
6.																															
7.																															
8.																															
9.																															
10.																															

Released By Signature	Date & Time Released	Delivery Method	Received By Signature	Agency	Received	Date & Time	Condition Noted

Comments: _____ Please indicate reporting requirements: 1. Results Only 2. Results and QC 3. Reduced Deliverables 4. Disk Deliverable

