

ISKON BIOTECH

SAMPLING EVENT CHAIN OF CUSTODY

Telephone: (817)861-5322 FAX: (817)261-1717

800 106th Street Arlington, Texas 76011

CLIENT NAME					CLIENT CONTACT							LAB USE								
											Lab I	No.								
CLIENT ADDRE	SS			-		PHONE					ON I	CE		YES		NO				
												TEMP OF COOLERS °C 3								
CITY CTATE ZID						Lav							4		5	6	5	>6		
CITY, STATE, ZIP						FAX EMAIL						CUSTODY SEAL								
												Cooler □Y □N Samples □Yes					□No			
P.O.NO.												SEAL INTACT Cooler								
												Cooler				s L	□Yes	□No		
PROJECT NO.						QUOTE	NO.				SAMP	LER'S I	NAME							
Sample Collection					Sample Description					No./Type Containers ²				Test Parameters			Iskon			
Date	Time	(C)omp Matrix		1 Hd pH	d pH Time	Tem (C)	tem Time	Ĕ									T	Lab ID		
Ex: mm/dd/yy	Ex: hh:mm	(G)rab	1	Fie	Field pH Test Time	Field Temp. (°C)	Field temp. Test Time	1691	_	VOA	A/G	4	P/	PRES ³						
	1111.111111	. ,		_							1 LT.	Oz	0							
				+																
				+																
TURNAROU	ND TIME:	□Standard	d 2 week	S		1 wee	k	☐ 4 Day ☐ 3 Day		2 Da	У		1 Day	,						
Relinquished by (Signature) Date					Γime	R	Received by (Signature)	Date		Time			REMARKS: ☐ Iskon Drop Off ☐ Iskon Pickup							
Relinquished by (Signature) Date				7	Гime	R	eceived by (Signature) Da			Time			 Clients' delivery of samples to Iskon constitutes acceptance to reimburse Iskon as per the terms and conditions listed in the price schedule. 							
Samples for (Compliance	? □Yes □N	lo 🗆 Othe					ater; S-soil; SD-solid; L-liquid; A-Airbag; C-Charcoal T HCL;4-1:1 H ₂ SO ₄ ;5-NaOH;6-Ice;7-Other	Tube; SL-Sludge	e; O-Oil				al; A/G-Amb les for 30(thir		Liter;4 oz	z-Glass Wide;	P/O-Plastic or other		