

Company Name:		Project Manager:					No. of Containers	Analysis Requested										CHAIN-OF-CUSTODY RECORD							
Project Name:		Project ID:						Matrix Codes: NW (non-potable water), DW (drinking water)											Maryland Spectral Services, Inc. 1500 Caton Center Drive, Suite G Baltimore, MD 21227 410-247-7600 • Fax 410-247-7602 reporting@mdspectral.com						
Sampler(s):		P.O. Number:																							
Field Sample ID	Date	Time	DW	Water	Soil	Other																	Preservative	Field Notes	MSS Lab ID
Relinquished by: <i>(Signature)</i>		Date/Time		Received by: <i>(Signature)</i>			Relinquished by: <i>(Signature)</i>			Date/Time		Received by: <i>(Signature)</i>													
<i>(Printed)</i>				<i>(Printed)</i>			<i>(Printed)</i>					<i>(Printed)</i>													
Relinquished by: <i>(Signature)</i>		Date/Time		Received by Lab: <i>(Signature)</i>			Turn Around Time:			Lab Use:															
<i>(Printed)</i>				<i>(Printed)</i>			<input type="checkbox"/> Normal (7 day) <input type="checkbox"/> 5 day <input type="checkbox"/> 4 day <input type="checkbox"/> 3 day <input type="checkbox"/> Rush (2 day) <input type="checkbox"/> Next Day <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Due Date: _____			Temp: _____°C <input type="checkbox"/> Received on Ice <input type="checkbox"/> Received same day															
Delivery Method:		Special Instructions/QC Requirements & Comments:										Sample Disposal:													
<input type="checkbox"/> Courier <input type="checkbox"/> Client <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> USPS <input type="checkbox"/> Other: _____												<input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal by lab <input type="checkbox"/> Archive for _____ days													