

Company Name:		Project Manager:		Analysis Requested										CHAIN-OF-CUSTODY RECORD		
Project Name:		Project ID:												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:												Matrix Codes: NPW - non-potable water DW - drinking water		
State of Origin:																
Field Sample ID:	Date	Time	DW	NPW	Soil	Other	Grab	Composite	# of containers	Preservative	Field Notes	MSS Lab ID				
Relinquished by: <i>(Signature)</i>		Date /Time	Relinquished by: <i>(Signature)</i>		Please indicate if any of the following certifications are required:					<input type="checkbox"/> Virginia VELAP <input type="checkbox"/> Pennsylvania NELAP <input type="checkbox"/> West Virginia DEP		<input type="checkbox"/> MD Drinking Water <input type="checkbox"/> VA Drinking Water <input type="checkbox"/> Other _____				
<i>(Printed)</i>			<i>(Printed)</i>													
Relinquished by: <i>(Signature)</i>		Date /Time	Received by lab: <i>(Signature)</i>		Turn Around Time: <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: _____					Delivery Method: <input type="checkbox"/> Courier <input type="checkbox"/> Client <input type="checkbox"/> UPS <input type="checkbox"/> Fed Ex <input type="checkbox"/> USPS <input type="checkbox"/> Other _____		Lab Use: Temp: _____ °C <input type="checkbox"/> Received on Ice <input type="checkbox"/> Received Same Day				
<i>(Printed)</i>			<i>(Printed)</i>													
Special Instructions / QC Requirements & Comments:													Sample Disposal: <input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal by lab <input type="checkbox"/> Archive for __ days			