

Filling out the Chain of Custody (COC)

Company Name: Fill this section in with the name of your company, or Walk In if you are not a returning client. This just means you are not a commercial business that will be returning to the laboratory.

Project Name: This is whatever you want to call the project. Walk in clients often use addresses or their name.

Sampler(s): Write the name of who took the sample.

Project Manager: The name of who is going to receive the report and invoice (bill).

State of Origin: What state the sample was collected in. This informs us of what kind of report is needed for the individual.

Field Sample ID: What you want to call the sample (e.g. “kitchen faucet” or “bathroom sink”). If multiple bottles are being filled at the same location, only one Sample ID is needed.

Date and Time: When the sample is collected. If more than one bottle is being filled for the same Sample ID, you do not need multiple dates/times.

DW, NPW, Soil and Other: The type of sample matrix being collected. DW is drinking water and NPW is non-potable water.

Grab and Composite: Most samples collected are grab samples. Composites are taken over a longer time frame (i.e. 15 minutes or longer) or taken as portions of sample from multiple locations and mixed to form one composite.

of containers: How many containers have been filled for each Sample ID. For instance, if you have three VOA vials are collected from the same faucet it would be one Field Sample ID and “3” in the # of containers section.

Analysis Requested: Write which analyses you need tested for the sample. Each analysis gets its own line across the top of the COC. For example, if you are getting copper and lead, copper would go in one box and lead would go into the box next to it. Once you write in the analyses, check the boxes below the Analysis column to assign it to the appropriate Field Sample ID row.

Relinquished by and Printed: In the Relinquished by section please write your signature. In the Printed section please print your name.

Date/Time: The time you are shipping the containers back to the lab, or when you get to the lab to hand over the samples.

Special Instructions/ QC Requirements & Comments: Walk in clients must write their contact information in this section. We require a phone number for any questions and need your email to deliver the invoice and report.

Turn Around Time: How quickly you would like your results. 7 business days is the standard turn-around time, anything quicker than that will have a mark up fee associated with it. Mark up fees vary per test, feel free to contact the lab to discuss rush pricing if necessary.

Any fields not addressed here do not need to be filled out on the COC or will be filled out by the lab.

If there are any questions when filling out the COC, please give us a call to ensure that your sample(s) are being handled properly.

Lab Contact Information: 410-247-7600

Company Name: Walk In			Project Manager: John Smith			Analysis Requested										CHAIN-OF-CUSTODY RECORD						
Project Name: 123 Imaginary Way			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): John Smith			P.O. Number:																			
State of Origin: Maryland																Matrix Codes: NPW - non-potable water DW - drinking water						
Field Sample ID:	Date	Time	DW	NPW	Soil	Other	Grab	Composite	# of containers	524.2 (Full List)	8015 (PbO)	8260 (Full List)										
Kitchen Faucet	12/4/2024	13:00	X				X		4	X	X											
Bathroom Faucet	12/4/2024	15:00	X				X		3	X												
Hose	12/4/2024	14:30		X			X		3			X										
Relinquished by: (Signature) <i>John Smith</i>	Date/Time 12/4/24	Relinquished by: (Signature) (Printed)		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 _____						
(Printed) John Smith	16:00	(Printed)		Turn Around Time:										<input checked="" 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 <input type="checkbox"/> T-41 <input type="checkbox"/> T-45				
Relinquished by: (Signature)	Date/Time	Received by lab: (Signature)																				
(Printed)		(Printed)																				
Special Instructions / QC Requirements & Comments: john.smith@email.com 410-660-0000																Sample Disposal: <input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal by lab <input type="checkbox"/> Archive for _____ days						