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<input type="checkbox"/>	<b>Turnaround Time Request</b>
	Standard - 10 business days
<input type="checkbox"/>	Rush (Surcharge may apply)
	Date needed: _____

**ANALYTICAL  
CHAIN OF CUSTODY**

**\*Required Fields**

Temp: \_\_\_\_\_

<b>Company/Client Name*</b>			<b>Report Attention*</b>			<b>Invoice To*</b>			<b>Phone*</b>			<b>Fax*</b>			
Address*			City*			State*			Zip*			E-mail*			
Project:			Project #:			Reporting Options:			<input type="checkbox"/> Trace (J-Flag)						
Sampler Name (Printed/Signature)*:						<input type="checkbox"/> E-Mail			<input type="checkbox"/> Swamp						
						<input type="checkbox"/> Fax			<input type="checkbox"/> EDD Type:						
						<input type="checkbox"/> Mail									
Compliance?: <input type="checkbox"/> Yes <input type="checkbox"/> No			State: <input type="checkbox"/> WA <input type="checkbox"/> OR			System/PWS ID: _____			DOH Source/Source ID: _____						
Water System Name: _____						County: _____									
Sample Composition: <input type="checkbox"/> Single Source			<input type="checkbox"/> **Blended			<input type="checkbox"/> **Composite			<input type="checkbox"/> Distribution Sample						
**List sources in Source ID field															
Sample Taken: <input type="checkbox"/> Before Treatment			<input type="checkbox"/> After Treatment			<input type="checkbox"/> No Treatment			Group (WA only): <input type="checkbox"/> A <input type="checkbox"/> B						
Matrix Types: SW=Surface Water BW=Bottled Water GW=Ground Water WW=Waste Water STW=Storm Water DW=Drinking Water SO=Solid															
#	Sample Description/Location*	Sampled*		Matrix*	Comments	# of cont.									
		Date	Time												
Receipt Conditions in Vancouver:		Temp:		Received Via:		UPS		WALK-IN		FED EX		Courier: _____			
Relinquished by: (Signature and Printed Name)				Company		Date		Time		Received by: (Signature and Printed Name)				Company	
Relinquished by: (Signature and Printed Name)				Company		Date		Time		Received by: (Signature and Printed Name)				Company	
Relinquished by: (Signature and Printed Name)				Company		Date		Time		Received for Lab by: (Signature and Printed Name)					
Payment Received at Delivery:		Check / Cash		Date:		Amount:		PIA#:		Init.					
Shipping Method:		ONTRAC		UPS		GSO		WALK-IN		FED EX		Alaskan Airlines		Courier: _____	Custody Seal: Y / N
Cooling Method:		Wet		Blue		None									Chilling Process Begun: Y / N

Payment for services rendered as noted herein are due in full within 30 days from the date invoiced. If not so paid, account balances are deemed delinquent. Delinquent balances are subject to monthly service charges and interest specified in BSK's current Standard Terms and Conditions for Laboratory Services. The person signing for the Client/Company acknowledges that they are either the Client or an authorized agent to the Client, that the Client agrees to be responsible for payment for the services on this Chain of Custody, and agrees to BSK's terms and conditions for laboratory services unless contractually bound otherwise. BSK's current terms and conditions can be found at [www.bskassociates.com/BSKLabTermsConditions.pdf](http://www.bskassociates.com/BSKLabTermsConditions.pdf)