



2517 E. Evergreen Blvd.
 Vancouver, WA 98661
 P 360.750.0055
 F 360.750.0057
 www.bskassociates.com

Page ____ of ____

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

ANALYTICAL CHAIN OF CUSTODY

***Required Fields**

Temp:

Company/Client Name*:			Report Attention*:		Invoice To*:			Phone*:			Fax*:		
Address*:			City*:		State*:			Zip*:			E-mail*:		
Project:			Project #:		Reporting Options:								
Sampler Name (Printed/Signature)*:					<input type="checkbox"/> Trace (J-Flag) <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