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## CHAIN OF CUSTODY RECORD

					CI	CORD							Page : of											
Client:			Turn Around:			4 Hrs:	8 Hrs:		24	Hrs:		1 Da	y:	21	Days:		3 E	Days:		5 Da	ays:			
Street Address:			Date Due:Time Due:					Note: Not all turn around times are available for all analysis.																
City, State, Zip:					OFFICE USE ONLY BELOW:					Relinquished by:							Date/Time:							
Phone:				Batch No.:					Received by:							Date/Time:								
Fax:									Relinquished by:							Date/Time:								
e-mail/Alt. Fax:					Samples Acceptable: Yes: No:				Received by:							Date/Time:								
Project Number:				Checked by (Initial/Date):					Relinquished by:							Date/Time:								
Project Name:				Comments:				Received by:							Date/Time:									
Project Location: Project Manager:									.≒	t		/ater er	i.					etals			ite			
P.O. Number:				-					ent A	Pain		Lead Drinking Water	Wat		ಕ			A Me			r's Su			
		т	Time		Rate Volume Area		Laboratory		mbie	3 ased	lioi	Orinki	Vaste	3.	rodu		Lead	RCR			owne			
Client Sample Number/Description:	Date Taken	On	Off			Wiped (ft <sup>2</sup> )	Sample No.	Lead Air	Lead Ambient Air	Lead Based Paint	Lead Soil	ead I	Lead Waste Water		Lead Product		TCLP Lead	TCLP RCRA Metals			Homeowner's Suite		Other:	
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