MONTANA ENVIRONMENTAL LAB, LLC
P.O. BOX 8900, KALISPELL, MT 59904
VOICE: (406) 755-2131 • FAX: (406) 257-5359
www.melab.us • info@melab.us

Chain Of Custody and Analytical Request Record

Please Print. Provide as much information as possible

Page ___ of ___

Company Name:

Project Name, PWSID #, Permit #, Etc.

Report Address:

Contact Name, Phone, Fax:

Invoice Contact & Phone #:

TURN AROUND TIME REQUIRED

- ☐ STANDARD 10 WORKING DAYS
- ☐ 5 WORKING DAYS (50% SURCHARGE)
- ☐ 1-2 WORKING DAYS (100% SURCHARGE)
- ☐ OTHER _____

Invoice Address:

Purchase Order #

SAMPLER PRINTED NAME AND SIGNATURE:

Analysis Requested

SITE NAME or LOCATION	SAMPLE DATE	SAMPLE TIME	MATRIX*	# Bottles															COMMENTS

Custody Record MUST be Signed				
Relinquished by:	Date/Time:	Shipped by:	Received by:	Date/Time:
Relinquished by:	Date/Time:	Shipped by:	Received by:	Date/Time:
Relinquished by:	Date/Time:	Shipped by:	Received by:	Date/Time:

NET 30 DAYS: 1.5% PER MONTH INTEREST CHARGE (18% A.P.R.) CUSTOMER AGREES TO PAY COLLECTION COSTS AND ATTORNEY'S FEES.

LAB USE ONLY:

LOGIN COMMENTS: _____

SAMPLES CHECKED/LOGGED IN BY: _____

SAMPLE TEMP, RECEIPT AT LAB: _____ (Compliance: 4 +/-2°C)

SAMPLES RECEIVED DAY OF COLLECTION? ☐ (check for yes)

BLUE ICE: FROZEN _____ **PARTIALLY FROZEN** _____ **THAWED** _____

INSTRUCTIONS

1. USE ONE LINE PER SAMPLE.
2. BE SPECIFIC IN TEST REQUESTS
3. CHECK OFF TESTS TO BE PERFORMED FOR EACH SAMPLE