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| **Report To Information**  **Company Name:**  **Contact Name:** | **Bill To Information** (If different from report to)  **Company Name:**  **Contact Name:** | **Project Name / Number** |
| **Address:**    **City**      **State**    **Zip** | **Address:**    **City**       **State**    **Zip** | **Task Number**  (Lab Use Only) |
| **Phone:** | **Phone:** |
| **Email:** | **Email:** |
| **Sample Collector:** | **PO No.:** |
| **Sample Collector Phone:** |



**Chain of Custody Form**

**Commerce City Lab**

**10411 Heinz Way**

**Commerce City CO 80640**

**Lakewood Service Center**

**610 Garrison St, Unit E**

**Lakewood CO 80215**

**Phone: 303-659-2313**

**www.coloradolab.com**

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| **Sample Matrix (Select One Only)** | | | | | | | | | | No. of Containers | Grab  or (Check One Only)  Composite | |  |  | |  |  |  |  | | |  |  |  |  |  |  | |  |  |  |  |
| **Waste Water**  **Ground Water**  **Surface Water** | | | | **Soil**  **Sludge** | | **Drinking Water** | | | |  |  | |  |  | |  |  |  |  | | |  |  |  |  |  |  | |  |  |  |  |
| **Date** | **Time** | **Sample ID** | | | | | | | |  |  | |  |  | |  |  |  |  | | |  |  |  |  |  |  | |  |  |  |  |
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| **Instructions**: | | | | | | | | **C/S Info:**  **Deliver Via:** **C/S Charge** | | | | | | | | | | | | **Seals Present Yes**  **No**  **Temp. °C/Ice Sample Pres. Yes**  **No** | | | | | | | | | | | | |
| **Relinquished By:** | | | **Date/Time:** | | **Received By:** | | **Date/Time:** | | **Relinquished By:** | | | | | | **Date/Time:** | | | | | | **Received By:** | | | | | | | **Date/Time:** | | | | |

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| **Tests Requested** |