Chain of Custody Form

Elevation Diagnostics

2115 North Scranton Street Suite 3040A Aurora, CO 80045
800.440.5184

Check if Same as "Report To" ☐

Report To:

Client: _____
Address: _____
Phone / Email: _____
Project Contact: _____

Invoice To:

Client: _____
Address: _____
Phone / Email: _____
Project Contact: _____

Project Name: _____
Project Number: _____
Collector Name: _____

					Preservative				Matrix			Analysis Requested								Interim report requested
Sample ID	Sample Description	Date Sampled	Time Sampled	# of containers	HCl	HNO_3	None	Other ___	Water	Soil	Other ___									☐ Yes ☐ No
																				Turn Around Time ☐ 1-Day ☐ 3-Day ☐ 2-Day ☐ 4-Day ☐ Standard Specify
1					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
2					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
3					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
4					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
5					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
6					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
7					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
8					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
9					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
10					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Relinquished By:
Date/Time:

Relinquished By:
Date/Time:

Notes:

Lab Use Only

Observed Temperature Upon Receipt: _____
Corrected Temperature Upon Receipt: _____
Thermometer #: _____
Correction Factor: _____

Samples Intact: Yes No
pH Checked: Yes No
pH Adjusted: Yes No
PFAS rec'd on ice: Yes No

Lot/EQM Number:

Name/Lot Number of Adjustment: _____