PACS

Professional Analytical and Consulting Services
409 Meade Drive
Coraopolis, PA 15108
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(800) 367-2587
Contact: Dr. Henry Nowicki

CHAIN OF CUSTODY RECORD

DATE: _____

PAGE: _____ OF _____

LABORATORY CLIENT:		CLIENT PROJECT NAME / NUMBER:	P.O. NO.:
ADDRESS:		PROJECT CONTACT:	QUOTE NO.:
CITY:		SAMPLER(S): (SIGNATURE)	LAB USE ONLY ☐ ☐ – ☐ ☐ ☐ ☐
TEL:	E-MAIL:		

TURNAROUND TIME

☐ 10 to 14 days at list cost ☐ 1 to 4 days at 2X list cost

SPECIAL REQUIREMENTS (ADDITIONAL COSTS MAY APPLY)

☐ E-mail REPORTING ☐ARCHIVE SAMPLES UNTIL ____ / ____ / ____

SPECIAL INSTRUCTIONS

REQUESTED ANALYSIS

LAB USE ONLY	SAMPLE ID	LOCATION/ DESCRIPTION	SAMPLING		MAT-RIX	NO. OF CONT.
			DATE	TIME		

Relinquished by: (Signature)	Received by: (Signature)	Time:
Relinquished by: (Signature)	Received by: (Signature)	Time:
Relinquished by: (Signature)	Received by: (Signature)	Time: