

vanguard Laboratory Drinking water Chain of Custody	LABORATORT	- 18
Billing Information	_	Water System Information
Technical Contact:	Compliance (Circle):	System Name:
Technical Contact Email:	DOH Compliant	System ID:
Company Name:	EPA Compliant	Group (Circle): Group A Group B
Phone:	For Information Only	Street Address:
Street Address:		City, State, Zip:
City, State, Zip:		County:
Purchase Order #:	Turn around time requested: Routine	Expidited
Sample Information: Sample Composition (Circle): Single Source Blended (List multiple Source Numbers in Source No. Field) Composite (Specify in comments field) Distribution Sample Sample Type (Circle): Pre-Treatment/Raw Post-Treatment/Finished Unknown Sample Location: Collected by Name and Phone Number: DOH Source Numbers: DOH Source Numbers: Completed and signed sample submission form indicates agreement with laboratory terms and conditions and authorizes Vanguard to perform the requested analysis. Electronic documents will be provided in Adobe Acrobat (PDF) format.		
Client Sample Name Sample Date & Time Sample Type Sample		
Metals (Circle): MTCA-5 RCRA-8 Priority Pollutants TAL	Individual: Ag Al As B Ba Be Ca Cd C	Co Cr Cu Fe Hg K Mg Mn Mo Na Ni Pb Sb Se Sr Sn Ti Tl V Z
Anions (Circle): Nitrate Nitrite Chloride Sulfate	Bromide O-Phosphate Fluoride	
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Sample Condition: (Circle) Frozen Refrigerated	Other (describe): Date/Tin	ne Sample(s) Relinquished
Customer Special Instructions: Authorization Signature:		
Sample Disposal (Circle): Return to Client Pickup	Disposal by Lab (discarded after 30 days)	HAZMAT Disposal
Lab Use Only	Sample Receipt Received	By (print):
Lab Project #: Due Date/Time:	Temp °C	
Notae:	Seals Intact: V N N/A Received	Pu (cign):

N

Damaged: