



CHAIN OF CUSTODY

A NELAP Accredited Laboratory

www.blueridgeanalytical.com

Office Hours • Mon-Thurs 9am-5pm (Closed for lunch 12-1) • Friday 9-12pm

2280 W. Ridge Rd
Wytheville, VA 24382
Phone: 276-228-6464
Fax: 276-228-2325

Client Name:	Client Contact:	Phone:
Client Address:	Project/Facility:	Fax:
City, State, Zip:	Email:	PO#:

Matrix Key: WW= Wastewater/Stormwater DW= Drinking Water S= Soil/Solids OT= Other: _____	Preservation Codes: A= Sulfuric Acid (H2SO4) B= Nitric Acid (HNO3) C= Hydrochloric Acid (HCl) D= Sodium Thiosulfate E= Sodium Hydroxide	F= Ascorbic Acid G= Ammonium Chloride (NH4Cl) H= Other: _____
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Pres. CID																									
	Analysis																								

Results: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	Payment Received: <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Check: _____
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Version: 1
Effective Date: 5/27/2019

Sample Location (print)	Matrix	Comp	Grab	PWSID (if applicable)	Collection Information		Pres. CID																		Chlorine Residual (if applicable)	Sampled By: (print)	LAB USE ONLY Blue Ridge Analytical Sample No.		
					Date	Time																							

Comments:	Samples on Wet Ice: ___ Yes ___ No Samples on Blue Ice: ___ Yes ___ No Cooler/Blank Temp. (Lab Use) _____ °C
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Relinquished by Sampler (sign):	Date/Time:	Received By:	Date/Time:
Relinquished by:	Date/Time:	Received By:	Date/Time:
Relinquished by:	Date/Time:	Received by Lab:	Date/Time:

All samples received on the above chain of custody will be reported together.