NCALABS Phils., Inc.

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Website: www.ncalabs.com.ph or www.testamericainc.com

CHAIN OF CUSTODY RECORD

www.ncalabs.com.ph

COC No. 001501

CLIENT CONTACT	Project Manager:	Sampled By:	Date:	_____ of _____ COCs
Company Name	Tel/Fax:	Lab Contact:	Carrier:	Tracking Number:
Address	ANALYSIS TURNAROUND TIME	Analysis Request*		WORK ORDER NO.:
City/State/Zip	TAT is in WORKING DAYS			
Phone / FAX	TAT if different from Below _____			INVOICE TO:
Project Name:	☐ 10 Days ☐ 5-6 Days			
Site:	☐ 3-4 Days ☐ 1 Day			
P.O./Project #				

SAMPLE IDENTIFICATION	LABORATORY SAMPLE ID	Sampling Date	Sampling Time	Matrix	# of Cont.										SAMPLE SPECIFIC NOTES

PRESERVATION USED: 1= Ice; 2= HCl; 3= H_2SO_4; 4=HNO_3; 5=NaOH; 6= Other _____ Cooler Temp: _____

POSSIBLE HAZARD IDENTIFICATION

☐ *Non-Hazard* ☐ *Flammable* ☐ *Skin Irritant* ☐ *Poison B* ☐ *Unknown*

SAMPLE DISPOSAL (A fee may be assessed if samples are retained longer than 1 month)

☐ *Return To Client* ☐ *Disposal By Lab* ☐ *Archive For ____ Months*

SPECIAL INSTRUCTIONS/QC REQUIREMENTS AND COMMENTS:

PLEASE EMAIL RESULTS TO:

Relinquished by: (Signature and Printed Name)	Company:	Date/Time:	Received by: (Signature and Printed Name)	Company:	Date/Time:
Relinquished by: (Signature and Printed Name)	Company:	Date/Time:	Received by: (Signature and Printed Name)	Company:	Date/Time:

*Please completely specify all analyses or special QC, attach request form or additional pages if desired

white: lab's copy green: accounting's copy pink: client's copy 26Nov2008 Rev4