

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037
 Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827
 West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

Q2163

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

Page _____ of _____

GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

☒ GSL FIELD SAMPLER/PICK-UP☐ PICK-UP AT DROP OFF LOCATION☐ DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Garden State Laboratories, Inc. Contact/Authorized by: Elinor Battler
 Mailing Address: 410 Hillside Avenue Phone: 908-688-8900 ext. 303
 City/State/Zip: Hillside, NJ 07205 Email: ebattler@gslabs.com

SAMPLE INFORMATION

SAMPLE TYPE: Non-Potable

SAMPLE LOCATION

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION			
		Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages _____	No.	Type*	Size	Pres.*
x	250528063-01	5/28/25	8:53	x		EPA 8260		3	Vials	40ML	A
x	250528060-03-Trip Blank					EPA 8260		2	Vials	40ML	A

*Container type: P = Plastic G = Glass A = Amber Glass I = Sterile Ithio V = Vial Other/Specify: _____
 *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
 E = Hydrochloric Acid F = Zinc Acetate G = Sodium Ithiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORKTURNAROUND TIME: ☒ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

SEND TO: Chemtech

REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:

DATE/TIME: 5-30-25 - 1043

☐ Standard Report + E2 PWS ID#:

METHOD OF SHIPMENT: GSL delivery

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$ ☐ Composite Fee: \$ ☐ Rush Fee: \$ Amount Due: \$

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):

Signature:

Date/Time:

Client/Client's Representative (PRINT):

Signature:

Date/Time:

1. Received/Relinquished by (PRINT): Ulysses Whetstone

Signature:

Date/Time: 5-30-25-1043

2. Received/Relinquished by (PRINT): George Nelson

Signature:

Date/Time: 5/30/25 - 1043