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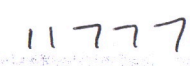
CHAIN OF CUSTODY RECORD

Sub Lab INFORMATION	CLIENT PROJECT INFORMATION	CLIENT BILLING INFORMATION
COMPANY : Alliance Technical Group - Akron	ORDER ID : Q2438	BILL TO: CHEMTECH PO# : q2438
ADDRESS : 3310 Win Street	PROJECT ID: Halogens	ADDRESS : 284, Sheffield Street
CITY: Cuyahoga Fal State : OH ZIP : 44223	PROJECT MANAGER YAZMEEN	CITY: Mountainside State : NJ ZIP : 07092
E-mail : jennifer.woolf@alliancetg.com	E-mail : yazmeen.gomez@alliancetg.com	ATTENTION : YAZMEE
PHONE : 330-253-8211	PHONE : (908) 789 8900 FAX: (908) 789 8922	PHONE : (908) 789 8900 FAX : (908) 789 8922

EDD : EXCEL NJCLEAN	Report : Level 1	Comment : GRAB, STATE- NY.
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ID	CLIENT SAMPLE IDENTIFICATION	SAMPLE MATRIX	ANALYSIS	Preservative	Method	SAMPLE COLLECTION		# OF BOTTLES	TAT DAYS
						DATE	TIME		
01	DIAMOND-PERFORMED-METALS	Water	TOX	Conc H2SO4 to pH < 2	9020	06/25/2025	11:05:00	1	10

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGES POSSESSION INCLUDING COURIER DELIVERY									
RELINQUISHED BY SAMPLER:	DATETIME:	RECEIVED BY:	Conditions of bottles or Coolers at receipt:				<input type="checkbox"/> Compliant	<input type="checkbox"/> Non Compliant	Cooler Temp _____
1.		1. <i>[Signature]</i>	6/27/25 1010						Ice or Cooler? _____
RELINQUISHED BY:	DATETIME:	RECEIVED BY:	UPS						
2.		2.	22.4-0.1 = 22.3						
RELINQUISHED BY:	DATETIME:	RECEIVED BY:	Page 1 of 1				<input type="checkbox"/> OVERNIGHT	<input type="checkbox"/> OVERNIGHT	Shipment Complete:
3.		3.							<input type="checkbox"/> YES <input type="checkbox"/> NO

**INVOICE TO:**

Turnaround Time		Report Supplements	
Availability contingent upon lab approval; additional fees may apply.			
Standard 5 day <input type="checkbox"/>	None Required <input type="checkbox"/>	None Required <input type="checkbox"/>	
10 day <input type="checkbox"/>	Batch QC <input type="checkbox"/>	Basic EDD <input type="checkbox"/>	
Rush 3 day <input type="checkbox"/>	Category A <input type="checkbox"/>	NYSDEC EDD <input type="checkbox"/>	
Rush 2 day <input type="checkbox"/>	Category B <input type="checkbox"/>		
Rush 1 day <input type="checkbox"/>			
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other EDD <input type="checkbox"/>	
please indicate date needed: <u>Standard</u>	please indicate package needed _____	please indicate EDD needed: _____	

Total Cost:

P.I.F.

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By signing this form, client agrees to Paradigm Terms and Conditions (reverse).