

Q2567

CHAIN OF CUSTODY

REPORT TO:

INVOICE TO:

CLIENT: Paradigm Environmental Services			CLIENT: Same					
ADDRESS: 179 Lake Avenue			ADDRESS:					
CITY: Rochester STATE: NY ZIP: 14608			CITY: STATE: ZIP:			Quotation #:		
PHONE:			PHONE:			Email: please email reports to		
ATTN: Reporting			ATTN: Accounts Payable			reporting@paradigmenv.com		
Matrix Codes: <div style="display: flex; justify-content: space-between;"> <div>AQ - Aqueous Liquid NQ - Non-Aqueous Liquid</div> <div>WA - Water WG - Groundwater</div> <div>DW - Drinking Water WW - Wastewater</div> <div>SO - Soil SL - Sludge</div> <div>SD - Solid PT - Paint</div> <div>WP - Wipe CK - Caulk</div> <div>OL - Oil AR - Air</div> </div>								

REQUESTED ANALYSIS

[illegible]

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 <i>Standard</i>	please indicate package needed _____	please indicate EDD needed : _____	

7/8/25		Total Cost:	<div></div>
Sampled By	Date/Time		
<i>[Signature]</i>	7/7/2025 7/8/25	1600	
Relinquished By	Date/Time		
Received By	Date/Time	P.I.F.	<div></div>
Received @ Lab By	Date/Time		

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