



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 reporting@paradigmenv.com
ATTN: Reporting	ATTN: Accounts Payable	
Matrix Codes: AQ - Aqueous Liquid WA - Water DW - Drinking Water SO - Soil SD - Solid WP - Wipe OL - Oil NQ - Non-Aqueous Liquid WG - Groundwater WW - Wastewater SL - Sludge PT - Paint CK - Caulk AR - Air		

PROJECT REFERENCE				REQUESTED ANALYSIS																REMARKS	PARADIGM LAB SAMPLE NUMBER
DATE COLLECTED	TIME COLLECTED	C O M P O S I T E	G R A B	SAMPLE IDENTIFIER	M A T R I X	C O U N T B A I N E R O F															
7/1/25	1215			X Modern Tec AFB	AQ	1	X	1										253072-01			
	1335			X JM Lantry		1	X	5										-02			
	1110			X Linton MFG CO		1	X	8										-03			
	1030			X Manth MFG		1	X	1										-04			
																		Needs NY state certification CN 7/7/25			
																		Send copy of chain of custody with report.			

Turnaround Time		Report Supplements	
Availability contingent upon lab approval; additional fees may apply.			
Standard 5 day	<input type="checkbox"/>	None Required	<input type="checkbox"/>
10 day	<input type="checkbox"/>	Batch QC	<input type="checkbox"/>
Rush 3 day	<input type="checkbox"/>	Category A	<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"/>
please indicate date needed		please indicate package needed	
Stanford			

Sampled By	Date/Time	Total Cost:
<i>[Signature]</i>	7/7/2025	1600 + 8 = 1608
Relinquished By	Date/Time	
<i>[Signature]</i>	7/13/25, 1025	
Received By	Date/Time	P.I.F.
<i>[Signature]</i>	7/13/25, 1025	
Received @ Lab By	Date/Time	

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