


101

11777

## CHAIN OF CUSTODY

	REPORT TO:										INVOICE TO:																																																																																																																																																																																																																																
	CLIENT: <b>Paradigm Environmental Services</b>										CLIENT: <b>Same</b>																																																																																																																																																																																																																																
	ADDRESS: <b>179 Lake Avenue</b>										ADDRESS:																																																																																																																																																																																																																																
	CITY: <b>Rochester</b> STATE: <b>NY</b> ZIP: <b>14608</b>										CITY:    STATE:    ZIP:																																																																																																																																																																																																																																
	PHONE:										PHONE:																																																																																																																																																																																																																																
PROJECT REFERENCE															ATTN: <b>Reporting</b>										ATTN: <b>Accounts Payable</b>																																																																																																																																																																																																																		
															<b>Matrix Codes:</b> 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										<b>Quotation #:</b>  <b>Email: please email reports to</b> <a href="mailto:reporting@paradigmenv.com">reporting@paradigmenv.com</a>																																																																																																																																																																																																																		
REQUESTED ANALYSIS																																																																																																																																																																																																																																											
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 D E S	G O U N T B A I N E R S	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	2

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.	<u>Standard</u>	please indicate package needed:	<u></u>

Sampled By	Date/Time	Total Cost:
<i>[Signature]</i>	7/10/2015 1600	
Relinquished By	Date/Time	
Received By	Date/Time	P.I.F.
Received @ Lab By	Date/Time	

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