179 Lake Avenue, Rochester, NY 14608   Office (585) 647-2530   Fax (585) 647-3311

11777

# CHAIN OF CUSTODY

**PARADIGM**
ENVIRONMENTAL SERVICES, INC.

| 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:**

| | | | |
|---|---|---|---|
| **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

| DATE COLLECTED | TIME COLLECTED | COMPOSITE | GRAB | SAMPLE IDENTIFIER | MATRIX CODES | NUMBER OF CONTAINERS | Total Halogens | | | | | | REMARKS | PARADIGM LAB SAMPLE NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7/3/25 | 16:25 | | X | Islechem (2801 Long Rd) | AQ | 1 | X | | | | | | 253153-01 | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Needs New York State Certification | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Send copy of chain of custody with report. | |

| Turnaround Time | | Report Supplements | | |
|---|---|---|---|---|
| Availability contingent upon lab approval; additional fees may apply. | | | | |
| **Standard 5 day** ☐ | None Required ☐ | None Required ☐ | | |
| 10 day ☐ | Batch QC ☐ | Basic EDD ☐ | | |
| Rush 3 day ☐ | Category A ☐ | NYSDEC EDD ☐ | | |
| Rush 2 day ☐ | Category B ☐ | | | |
| Rush 1 day ☐ | | | | |
| Other ☐ | Other ☐ | Other EDD ☐ | | |
| please indicate date needed: Standard | please indicate package needed: | please indicate EDD needed: | | |

**Sampled By** _____  Date/Time **7/9/25  16:00**

**Relinquished By** _____  Date/Time **7/10/25  1030**

**Received By** _____  Fedex  6.0-0.1 = 5.9

**Received @ Lab By** _____  Date/Time

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

Total Cost: _____

P.I.F. ☐