



CHAIN OF CUSTODY

Q2665

11777

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

DATE COLLECTED	TIME COLLECTED	COMPOSITE	GRAB	SAMPLE IDENTIFIER	MATRIX	CONTAINER	NUMBERS	REMARKS	PARADIGM LAB SAMPLE NUMBER
7/17/25	10:00	X		Spent Metal Working Coolant	AQ	1	X	253378-07	
								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 <input type="checkbox"/>	None Required <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:	

Sampled By JPZ Date/Time 7/21/25 16:00
 Relinquished By _____ Date/Time _____
 Received By _____ Date/Time _____
 Received @ Lab By _____ Date/Time _____

Total Cost:

P.I.F.

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