



SHIPPING DOCUMENTS

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037

Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827

West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

Q3361

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

Page _____ of _____

GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

☒ **GSL FIELD SAMPLER/PICK-UP**

☐ **PICK-UP AT DROP OFF LOCATION**

☐ **DELIVERED BY CLIENT**

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Garden State Laboratories, Inc.

Contact/Authorized by: Robert Szot

Mailing Address: 410 Hillside Ave.

Phone: 908-688-8900 EXT 129

City/State/Zip: Hillside, NJ. 07205

Email: rszot@gslabs.com

SAMPLE INFORMATION

SAMPLE TYPE: WASTE WATER

SAMPLE LOCATION:

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			
		Date	Time	AM	PM		No.	Type*	Size	Pres.*
X	VOA 251015111-01	10/15/25	9:20	X		EPA 8260 TCL LIST + Acrolien & Acrylonitrile	3	V	40mL	A
X	Trip blank 251015076-04					EPA 8260 TCL LIST + Acrolien & Acrylonitrile	2	V	40mL	A

*Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Thio V = Vial Other/Specify:

*Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid

E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify:

☒ **SUBCONTRACTED WORK**

TURNAROUND TIME: ☒ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

SEND TO: Chem Tech

REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:

DATE/TIME:

☐ Standard Report + E2 PWS ID#:

METHOD OF SHIPMENT:

Deliver

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$

☐ Composite Fee: \$

☐ Rush Fee: \$

Amount Due: \$

Payment Method: ☐ Credit Card Type:

☐ Check #

☐

Other: See Quote

Note:

VOA UNPRESERVED DUE TO EFFERVESCENCE - 3 DAY TAT PER JORDAN HEDVAT

ATL16

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):

Signature:

Date/Time:

Client/Client's Representative (PRINT):

Signature:

Date/Time:

1. Received/Relinquished by (PRINT): Megan Hawanich

Signature: Megan Hawanich

Date/Time: 10/15/25 14:55

2. Received/Relinquished by (PRINT):

Signature: Cassandra Pena

Date/Time: 10/16/25 9:40

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
 Main Lab Certified by NJ Dept. of Health, NJDEP, TN, NY Dept. of Health #11550 and PADEP #68-03680

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Laboratory Certification

Certified By	License No.
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255425
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	TX-C25-00189
Virginia	460312

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q3361	GARD04	Order Date : 10/16/2025 9:52:00 AM	Project Mgr :
Client Name : Garden State Laboratories,]		Project Name : Waste Water 2025	Report Type : Level 1
Client Contact : Sharon Ercoliani		Receive DateTime : 10/16/2025 9:40:00 AM	EDD Type : EXCEL NOCLEANUP
Invoice Name : Garden State Laboratories,]		Purchase Order :	Hard Copy Date :
Invoice Contact : Sharon Ercoliani			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q3361-01	VOA 251015111-01	Water	10/15/2025	09:20					
					VOCMS Group1		624.1	10 Bus. Days	
					VOCMS Group2		8260-Low	10 Bus. Days	
Q3361-02	Trip blank 251015076-04	Water	10/15/2025	09:20					
					VOCMS Group1		624.1	10 Bus. Days	
					VOCMS Group2		8260-Low	10 Bus. Days	

Relinquished By :

Date / Time : 10/16/25 1050

Received By :

Date / Time :

Storage Area : VOA Refridgerator Room