



CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

FORM 006 R6-0

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75 Suttle St Durango, CO 81303

Company or Client:				Bill to (if different):				ANALYSIS REQUEST												
Address:				P.O. #:																
City: State: Zip:				Company:																
Phone #:				Attn:																
Contact Person:				Address:																
Email Report to:				City:																
Project Name(optional):				State: Zip:																
				Phone #:																
Sampler Name (Print):				Email:																
For Lab Use	Sample Name or Location	Collected		Matrix (check one)						# of containers										
		Date	Time	GROUNDWATER	SURFACEWATER	WASTEWATER	PRODUCEDWATER	SOIL	DRINKING WATER	OTHER :	No preservation (general)	HNO ₃	HCl	H ₂ SO ₄	Other:	Other:				

PLEASE NOTE: GAL's liability and client's exclusive remedy for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by GAL within 30 days after completion. In no event shall GAL be liable for incidental or consequential damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by GAL, regardless of whether such claim is based upon any of the above stated reasons or otherwise.

Relinquished By:	Date:	Received By:	ADDITIONAL REMARKS:	Report to State? (Circle)	
	Time:			Yes	No
Relinquished By:	Date:	Received By:			
	Time:				
Relinquished By:	Date:	Received By:			
	Time:				
Relinquished By:	Date:	Received By:			
	Time:		Temperature at receipt:	CHECKED BY	

† GAL cannot always accept verbal changes. Please fax or email written change requests.
 * Chain of Custody must be signed in "Relinquished By:" as an acceptance of services and all applicable charges.
 Just Click Printing Form #17-0301