CHAIN-OF-CUSTODY AND ANALYSIS REQUEST
FORM-006
COC - Revision 6.0

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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:	

	Sample Name or Location	**Collected** Date	Time	Matrix (check one): GROUNDWATER	SURFACEWATER	WASTEWATER	PRODUCEDWATER	SOIL	DRINKING WATER	OTHER :	# of containers: No preservation (general)	HNO_3	HCl	H_2SO_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 receive by GAL within 30 days after completion. In no event shall GAL be liable for incidental or consequental 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:** / **Time:**	**Received By:**	ADDITIONAL REMARKS: Report to State? (Circle) Yes No
Relinquished By:	**Date:** / **Time:**	Received By:	
Relinquished By:	**Date:** / **Time:**	Received By:	
Relinquished By:	**Date:** / **Time:**	Received By:	Temperature at receipt: / CHECKED BY / On Ice / No Ice

† **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.**