ALPHA	CHAIN OF	F CUSTODY PAGEOF					- Date Rec'd in Lab:						ALPHA Job #:			
WESTBORO, MA	MANSFIELD, MA TEL: 508-822-9300 FAX: 508-822-3288	Project Information ©					Report Information - Data Deliverables 🛈					Billing Information			(į	
TEL: 508-898-9220 FAX: 508-898-9193		Project Name:					□ FAX □ EMAIL			☐ Same as Client info PO #:						
Client Information	Project Location:					□ ADEx □ Add'l Deliverables							1			
Client:	Project #:					Regulatory Requirements/Report Limits								(i)		
Address:	Project Manager:					State /Fed Program Criteria										
Address.	ALPHA Quote #:															
Dhara						Analysis					•					
Phone:	Turn-Around Time ①											SAMPLE H	IANDUING	(i)		
Fax:	Standard RUSH (only confirmed if pre-approved!)  Date Due: Time:											Filtration _		T 0 T		
Email:												□ Done		T A		
☐ These samples hav												□ Not nee	ded	A L		
Other Project	nments/Detection Limits:											☐ Lab to d	0	# B		
													Preservatio	n	В О Т	
													☐ Lab to d	0	T L E S	
ALPHA Lab ID	Collection Sample S				Sampler's	1						(Please specify be	elow)	S		
(Lab Use Only) Sample ID		Date Time			Matrix (i	Initials							Sample Sp	ecific Comments		
For optimal viewing, please enlarge form to 100%.						Container Type								ted areas are require		
(i) Relinquished By:						eservative						and turnarou	nd time clock will no			
	Relinqu	Relinquished By:			e/Time		Received	Ву:		Date	/Time	resolved. All	start until any ambiguities are resolved. All samples submitted are			
														oha's Terms and nour website.		
FORM NO: 01-01 (rev. 14-0	OCT-07)															