



210 Addison Ave, PO BOX 1867, Twin Falls ID 83301  
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# CHAIN OF CUSTODY

Name:			PWS #:				<b>Turn Around Time &amp; Reporting</b> <input type="checkbox"/> Normal <input type="checkbox"/> Phone <input type="checkbox"/> 24 hour* <input type="checkbox"/> Mail <input type="checkbox"/> 48 hour* <input type="checkbox"/> Fax <input type="checkbox"/> Other <input type="checkbox"/> Email Results Needed By: ___/___/___ *All rush order requests must be approved															
Address:			Project Manager:																			
City:	State:	Zip:	Project Name:																			
Phone:			Collector:																			
Fax:			Purchase Order #:																			
Email:			<b>ANALYSIS REQUESTED</b>										Comments									
Sample Type:		<input type="checkbox"/> Routine <input type="checkbox"/> Confirmation <input type="checkbox"/> Repeat <input type="checkbox"/> Duplicate <input type="checkbox"/> Special		# of containers																		
Compliance:		<input type="checkbox"/> Yes <input type="checkbox"/> No																				
<b>LAB USE ONLY</b>		COLLECTION																				
SAMPLE ID No.		SAMPLE LOCATION / CLIENT SAMPLE ID		DATE		TIME																
Relinquished by				Company				Date		Time		<b>Lab Use Only</b> Received Intact:    YES    NO Label & COC Agree: YES    NO Container Sealed:   YES    NO Receipt Temp:        _____ Receipt pH:         _____										
Received by				Company				Date		Time												
Relinquished by				Company				Date		Time												
Received by				Company				Date		Time												