



Chain of Custody

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Invoice to:		Report To: (If different than invoice)				Analysis Requested		Project ID			
Address		Address						Site ID			
City	State	Zip	City	State	Zip			Sampler (print)			
Phone		Phone						Sampler (signature)			
e-mail		e-mail									
Send Via: Mail <input type="checkbox"/> e-mail <input type="checkbox"/> Pick-up <input type="checkbox"/>		Send Via: Mail <input type="checkbox"/> e-mail <input type="checkbox"/> Pick-up <input type="checkbox"/>									
Report: Yes <input type="checkbox"/> No <input type="checkbox"/>		Copy of Invoice: Yes <input type="checkbox"/> No <input type="checkbox"/>						Lab use only			
Sample Identification	Sample		Type		Matrix	Number of Containers			Comments	LAB ID	
	Date	Time	Grab	Comp							
Relinquished by:						Date:	Time:	Received by:		Date:	Time:
Temperature Received °C / Condition Received						Shipped: FEDEX <input type="checkbox"/> UPS <input type="checkbox"/> MAIL <input type="checkbox"/> HAND DELIVERED <input type="checkbox"/> BUS <input type="checkbox"/>			Remarks:		

** An additional cost may be incurred for samples disposed of by *Alpine Analytical Laboratory*.
 ** An additional weekend cost will be incurred for samples that are read back on a weekend or a Holiday. (ex. Total Coliform, Fecal Coliform, BOD, etc.)