



Precision Analytical Laboratory

3430 16th St.

Everett, WA 98201

Report Address:

Chain of Custody

Client ID:

Client Address:

Purchase Order #

Invoice

Quote #

Address

Page of

All Shaded Fields must be Completed

Project ID:		Contact:		Analysis Requested																	
Sampler (Signature is Attestation of Authenticity):		Telephone:																			
		Email:																			
Lab ID (Lab Use Only)	Sample Location	Date/Time of Collection																		Remarks	Temp

This is a legal document, any misrepresentation may be construed as fraud.

Date/Time

Relinquished by:			
Accepted by:			
Relinquished by:			
Accepted by:			
Relinquished by:			
Accepted by:			

Turn around Time		Lab Comments
<input type="checkbox"/>	Standard	
<input type="checkbox"/>	Rush - 5 Day	
<input type="checkbox"/>	Urgent - 2 Day	
Compliance Information		
For Compliance	Y N	
Permit #		
Chlorinated	Y N	

Relinquished by: _____
Accepted by: _____

Relinquished Signature is an Attestation that PAL Terms of Service has been Read and is Understood