LEGEND TECHNICAL SERVICES, INC
88 Empire Drive, St. Paul, MN 55103 - Telephone: 651-642-1150, Fax: 651-642-1239

CHAIN-OF-CUSTODY RECORD

Client Name:	Bill To:	LEGEND Project#:
Address:	Address:	Turn Around Time: ☐ Normal ☐ **RUSH** Requested Due Date: _____
Attn:	PO #:	Condi ion Received: ☐ Received at _____°C ☐ Temp. from unpreserved sample ☐ Received on ice ☐ No temp. blank ☐ Received on ice pack ☐ Received on melt water ☐ Received ambient ☐ Acceptable (IH/ISO only) ☐ Custody Seals
Phone:	E-mail:	
Project Name:	Project#:	

ANALYSIS

Item No.	Sample Name	Grab	Comp.	Collection Date	Collection Time	Sample Matrix	Lab ID No.	Number of Containers						
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Sample Collector (please print):	Relinquished By:	Date:	Time:	Accepted by:	Date:	Time:
Comments:	Relinquished By:	Date:	Time:	Received by Lab:	Date:	Time:

PLEASE REVIEW TERMS AND CONDITIONS ON BACK BEFORE SIGNING