

ANALYTICAL CONSULTING SERVICES, INC.

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Analysis Request & Chain of Custody Record

Project No.		•	Client/Project Name		Project Location			
Sample No. Identification	Date & Time		Sample Container Size/Material	Sample Type (Liquid, Sludge, etc.)	Preservative	ANALYSIS REQUESTED		Laboratory Remarks
Relinquished by:			Date:			Received by:	Date:	
(Signature)			Time:			(Signature)	Time:	
Relinquished by:			Date:			Received by:	Date:	
(Signature)		Time:			(Signature)	Time:		
Relinquished by:			Date:			Received by:	Date:	
(Signature)		Time:			(Signature)	Time:		
						Received for Laboratory:		
						(Signature) Data Results to:		