



CCI Analytical Laboratories, Inc.
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Chain Of Custody/ Laboratory Analysis Request

CCI Job# _____ (Laboratory Use Only)

Date _____ Page _____ Of _____

PROJECT ID:					ANALYSIS REQUESTED <input type="checkbox"/> NWTPH-HCID <input type="checkbox"/> NWTPH-DX <input type="checkbox"/> NWTPH-GX <input type="checkbox"/> BTEX by EPA-8021 <input type="checkbox"/> MTBE by EPA-8021 <input type="checkbox"/> EPA-8260 <input type="checkbox"/> Halogenated Volatiles by EPA 8260 <input type="checkbox"/> Volatile Organic Compounds by EPA 8260 <input type="checkbox"/> Ethylene dibromide (EDB) by EPA-8260 <input type="checkbox"/> EPA-504.1 <input type="checkbox"/> 1,2 Dichloroethene (EDC) by EPA-8260 <input type="checkbox"/> Semivolatile Organic Compounds by EPA 8270 <input type="checkbox"/> Polycyclic Aromatic Hydrocarbons (PAH) by EPA-8270 SIM <input type="checkbox"/> PCB <input type="checkbox"/> Pesticides <input type="checkbox"/> by EPA 8081/8082 <input type="checkbox"/> Metals-MTCA-5 <input type="checkbox"/> RCRA-8 <input type="checkbox"/> Pri Poi <input type="checkbox"/> TAL <input type="checkbox"/> Metals Other (Specify) <input type="checkbox"/> TCLP-Metals <input type="checkbox"/> VOA <input type="checkbox"/> Semi-Vol <input type="checkbox"/> Pest <input type="checkbox"/> Herbs <input type="checkbox"/> NUMBER OF CONTAINERS <input type="checkbox"/> RECEIVED IN GOOD CONDITION?														
REPORT TO COMPANY:																			
PROJECT MANAGER:																			
ADDRESS:																			
PHONE: _____ FAX: _____																			
P.O. NUMBER: _____ E-MAIL: _____																			
INVOICE TO COMPANY:																			
ATTENTION:																			
ADDRESS:																			
OTHER (Specify)																			
SAMPLE I.D.	DATE	TIME	TYPE	LAB#															
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

SPECIAL INSTRUCTIONS

CCI Analytical Laboratories, Inc accepts and processes this request on the terms and conditions set forth on the reverse side. By its signature hereon, Customer accepts these terms and conditions.

SIGNATURES (Name, Company, Date, Time):

1. Relinquished By: _____
 Received By: _____

2. Relinquished By: _____
 Received By: _____

TURNAROUND REQUESTED in Business Days*

Organic, Metals & Inorganic Analysis OTHER:

10 5 3 2 1 SAME DAY
Standard

5 3 1 SAME DAY
Standard

Specify: _____

* Turnaround request less than standard may incur Rush Charges