


Company Name/Address:				Billing Information:				Analysis / Container / Preservative								Chain of Custody		Page ___ of ___	
Report to:				Email To:												 PEOPLE ADVANCING SCIENCE		12065 Lebanon Road Mt Juliet, TN 37122 Phone: 615-758-5858 Alt: 800-767-5859 Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace Terms and Conditions found at: https://info.pacelabs.com/hubfs/pas-standard-terms.pdf	
Project Description:		NPDES Permit # or Facility ID		Lab Project #												SDG #			
Phone:		Client Project #		P.O. #												Table #			
Fax:																Acctnum:			
Collected by (print):		Site Information		Date Results Needed												Template:			
Collected by (signature):		City:		Email? ___No ___Yes FAX? ___No ___Yes On Ice?												Prelogin:			
		County:						PM:											
		State:						PB:											
								Shipped Via:											
Biomonitoring Sample ID		Comp/Grab	Start Date	Start Time	End Date	End Time		Number of Sample Containers	Sample # (lab only)										
1)																			
2)																			
3)																			
4)																			
5)																			
6)																			
Notes:		Site Information		Mean Daily Discharge (flow)		Weather Outside temperature?		Temperature of Sample		pH of Sample		Chlorine		Ammonia		Other			
				(include units)		Rain?		D.O. of Sample											
												Hold #							
Relinquished by : (Signature)		Date:	Time:	Received by: (Signature)				Samples returned via: <input type="radio"/> UPS <input type="radio"/> FedEx <input type="radio"/> Courier <input type="radio"/> _____				Condition: (lab use only)							
Relinquished by : (Signature)		Date:	Time:	Received by: (Signature)				Temp: °C Bottles Received:				COC Seal Intact: ___Y ___N ___NA							
Relinquished by : (Signature)		Date:	Time:	Received for lab by: (Signature)				Date:	Time:	pH Checked:		NCF:							