

Sample Chain of Custody Form

Page ____ of ____

Return completed form with sample(s) for analysis to: Dade Moeller Radio-Analytical & Calibration Laboratory 704 South Illinois Ave., Suite C-101, Oak Ridge, Tennessee 30878	Samples will be disposed of post analysis & reporting unless otherwise indicated: Return Samples (return fees apply): YES? NO? Laboratory Retain Samples (storage fees apply): YES? NO? Length: _____
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Report Results To:			Bill To Information:			Sample Turnaround Time Requested:		
Company:			Company:			Turnaround Time: Standard: YES? NO?		
Contact:			Attn:			If "NO," Number of Business Days: <small>(If Left Blank, Standard TA (approx 1 week) is Assumed) (Additional fees may apply for rapid turn around time)</small>		
Address:			Address:					
City:			City:			Storage and Special Instructions:		
State:	Zip:		State:	Zip:		Special Instructions:		
Phone: Ext:			Phone: Ext:					
Fax:			Fax:			Preservation: Unpreserved 4°C Other		
Email:			Please complete attached Method of Payment Form			If "Other," Please Describe:		

Sample Identification	Sample Description / Matrix	Sample Date	Sample Time	Nuclide(s) of Interest	Sample Identification	Sample Description / Matrix	Sample Date	Sample Time	Nuclide(s) of Interest

Relinquished By:	Signature	Date/Time:	Received By:	Signature:	Date/Time:
Relinquished By:	Signature	Date/Time:	Received By:	Signature:	Date/Time:

~ Dade Moeller is licensed by the State of Tennessee (R-01111-J21) to perform radioactive sample analysis. Quality Assurance/Quality Control Information and Analytical Procedures are maintained and available upon written request to the Laboratory. ~ (Document # DMA-RACL-007-01 Rev. 2; Revised 10/11)	Laboratory Use Only	Sample Disposal - date, method, and initials of laboratory personnel disposing of the samples.
	Date/Time Received:	
	Survey Results:	
	Analysis Number:	

