

## Chain of Custody and Analysis Request Form



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STS Job #

Client:	Contact:	Phone:
Address 1:	PO #:	Fax:
Address 2:	Project / Job # :	Email:
City, State, Zip:	Date:	Turnaround Time (Days):*

#	Sample Identification	Date / Time	Sample Type	Volume	Analysis								Other	Comments
					LM	SEM	EDX	BSE	e-RAM	Coal Ash	Lab Time	Report		

\* Call ahead for rush orders < 5 Days

Sample Information: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous	Sample Disposal: <input type="checkbox"/> Return <input type="checkbox"/> Dispose <input type="checkbox"/> Hold: _____ Months
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Relinquished by: (sign)	(print)	Date:	Time:
Received by: (sign)	(print)	Date:	Time:
Received by: (sign)	(print)	Date:	Time: