

# CHAIN-OF-CUSTODY/TEST REQUEST FORM

1 of 21

112 3443

Project/Client Name: NOCS MR Phase 1 Ship to: ARL  
 Project Number: 210075.01.02 Attn: Sue Duanbho Shipping Date: 1/17/23  
 Contact Name: Anna Vandervort Shipper: carrier Airbill Number: ---  
 Sampled By: Windward Form filled out by: K. McPeak Turnaround requested: Std

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)				Comments / Instructions (jar tag number(s))	
					PCBs	SMS1	SMS2	SMS3		
1/17/23	0810	LOW23-SS1278	4	Sediment	X	NA	NA	X	NA	
	0843	-SS1209	4		X	X	X	X	NA	
	0920	-SS1108	4		X	X	X	X	NA	
	0954	-SS1120	4		X	X	X	X	NA	
	1117	-SS1120	4		X	X	X	X	NA	
	1211	-SS1168	4		X	X	X	X	NA	
	1223	-SS1176	4		X	X	X	X	NA	
	1314	-SS1181	4		X	X	X	X	NA	
	1338	-SS1159	4		X	X	X	X	NA	
	1419	-SS1155	4		X	X	X	X	NA	
	1432	-SS1161	4		X	X	X	X	NA	
	1452	-SS1162	4		X	X	X	X	NA	
<b>Total Number of Containers</b>					<b>48</b>					

Purchase Order / Statement of Work # APT-110722-NOCS-ARL

1) Released by: <u>Anna Vandervort</u>	2) Released by: <u>Philip</u>
Print name: <u>Anna Vandervort</u>	Print name: <u>Philip</u>
Signature: <u>Anna Vandervort</u>	Signature: <u>Philip</u>
Company: <u>Windward</u>	Company: <u>ARL</u>
Date/Time: <u>1/17/23 16:46</u>	Date/Time: <u>1/17/23 16:46</u>

\* Distribution: White copies accompany shipment; yellow retained by consignee.

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

200 1st Ave W, Suite 500  
 Seattle, WA 98119

206.378.1364

