

1 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4320

Project/Client Name: AOCS MR Phase 11
 Project Number: 210075.01.03
 Contact Name: Amara Vandervort
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Dunn-hoo
 Shipper: Courier
 Form filled out by: AVIDS
 Shipping Date: 6/12/24
 Airbill Number:
 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	DIF	Metals	HF	SUDCs	Acidic	
6/12/24	0706	LDW24-SC1371A	4	Sediment	X	-	-	X	NA	X	
	0806	-SC1388A	4		X	-	-	X	NA	X	
	0938	-IT1498	3		X	-	-	X	NA	X	
	1024	-SC1407	4		X	-	-	X	NA	X	
	0849	-SC1383B	4		X	-	-	X	NA	X	
	0849	-SC1383C	4		X	-	-	X	NA	X	
	0849	-SC1383C-ED	4		X	-	-	X	NA	X	
	0849	-SC1383F	4		X	-	-	X	NA	X	
	1218	-SC1424B	4		X	-	-	X	NA	X	
	1218	-SC1424C	4		X	-	-	X	NA	X	
	1218	-SC1424E	4		X	-	-	X	NA	X	
6/12/24	1406	LDW24-SC1301A	3	Sediment	X	-	-	X	NA	X	
Total Number of Containers			416	Purchase Order / Statement of Work # APJ-050224 AOCS ARL							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Amara Vandervort</u>	<u>Mike</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>Dix</u>	Signature:	
Company: <u>Windward</u>		Company:	
Date/Time: <u>6/12/24 1632</u>	Date/Time: <u>6/12/24 632</u>	Date/Time:	

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



200 West Mercer Street
 200 1st Ave W, Suite 500
 Seattle, WA 98119
 206.378.1364

To be completed by Laboratory upon sample receipt:

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

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