

1 of 21

# CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4439

Project/Client Name: AAOCS MR Phase II  
 Project Number: 210075.01.03  
 Contact Name: Amara Vandenberg  
 Sampled By: Windward

Ship to: ARL  
 Attn: Sue Dunham  
 Shipper: Colver  
 Form filled out by: AVLCC  
 Shipping Date: 6/17/24  
 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	D/E	metals	Hg	Pb	SVOCs	Asbestos	
6/17/24	0905	LDW24-SC1384B	4	Sediment	X	-	-	-	X	NA	X	
	0905	-SC1384C	4		X	-	-	-	X	NA	X	
	0905	-SC1384E	4		X	-	-	-	X	NA	X	
	0905	-SC1384G	4		X	-	-	-	X	NA	X	
	1130	-SC1328D	4		X	-	-	-	X	NA	X	
	1130	-SC1328E	4		X	-	-	-	X	NA	X	
	1130	-SC1328G	4		X	-	-	-	X	NA	X	
	1130	-SC1328I	4		X	-	-	-	X	NA	X	
	1130	-SC1328K	4		X	-	-	-	X	NA	X	
	1130	-SC1328M	4		X	-	-	-	X	NA	X	
	1302	-ITS1455A	4		X	-	-	-	X	NA	X	
6/17/24	1302	-ITS1455AFD	4	Sediment	X	-	-	-	X	NA	X	
Total Number of Containers			48	Purchase Order / Statement of Work # <u>APT 050224 AOCs ARL</u>								

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Amara Vandenberg</u>	<u>Olga Lytyncheva</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>DLT</u>	Signature:	
Company: <u>Windward</u>	Date/Time: <u>6/17/24 16:20</u>	Company:	
Date/Time: <u>6/17/24 1620</u>		Date/Time:	

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



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: