

1 of 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

№ 4335

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

Ship to: EcoAnalysts Inc
 Attn: Marissa Seibert Shipping Date: 6.20.24
 Shipper: Courier Airbill Number: _____
 Form filled out by: CC 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))			
					10d Amphipod Survival	Bivalve or Echinoderm Embryo-Less	20d Juvenile Polychaete Growth								
6.20.24	0804	LDW24-SS1400	1	Sediment	X	X	X								
	0850	LDW24-SS1394	1		X	X	X								
	0947	LDW24-SS1584	1		X	X	X								
	1020	LDW24-SS1580	1		X	X	X								
6.20.24	1048	LDW24-SS1574	1	Sediment	X	X	X								
Total Number of Containers			5	Purchase Order / Statement of Work # CLF-110322-AOCS-Ecoanalysts											
1) Released by:				1) Rec'd by:				2) Released by:				2) Rec'd by:			
Print name: <u>Claire Christensen</u>				Print name: <u>M. A. L.</u>				Print name:				Company:			
Signature: <u>[Signature]</u>				Company: <u>OIX</u>				Signature:				Company:			
Company: <u>Windward</u>				Date/Time: <u>6/20/24 1622</u>				Company:				Date/Time:			
Date/Time: <u>6.20.24 1622</u>				Date/Time: <u>6/20/24 1622</u>				Date/Time:				Date/Time:			

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



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: