

Tier 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4264

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

Ship to: ARL
 Attn: Sue Dunnison
 Shipper: Cowier
 Form filled out by: AV/CC
 Shipping Date: 7/19/24
 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))
					Archive						
7/18/24	1414	LOW24-IT1597A	4	sediment	X						
7/18/24	1553	LOW24-IT1608A	4		X						
7/18/24	1705	LOW24-IT1602A	4		X						
7/18/24	1748	LOW24-IT1604A	4		X						*
7/18/24	1926	LOW24-IT1612A	4		X						*
7/18/24	1926	LOW24-IT1612B	4		X						*
7/18/24	1926	LOW24-IT1612C	4		X						*
7/18/24	1926	LOW24-IT1612D	4		X						*
7/18/24	1926	LOW24-IT1612E	4		X						
7/18/24	1926	LOW24-IT1612F	4		X						
7/18/24	1926	LOW24-IT1612G	4		X						
7/18/24	1904	LOW24-IT1611A	4		X						
Total Number of Containers			48	Purchase Order / Statement of Work # <u>APT-050224-ADCS-ARL</u>							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Kate McPeak</u>	<u>Jim Cant SA</u>	Print name:	
Signature: <u>[Signature]</u>	Company: <u>ARL</u>	Signature:	
Company: <u>Windward</u>		Company:	
Date/Time: <u>7/19/24 1248</u>	Date/Time: <u>7/19/24 1248</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:

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