## CHAIN OF CUSTODY RECORD ANALYSIS REQUEST



Tweed Laboratory Centre   46 Enterprise Avenue, Tweed Heads South NSW 2486   Ph: 07 5569 3103   Fax: 07 5524 2676   E: samplereception@tweed.nsw.gov.au																								
Company:										Project Reference:														
Address:									der No:															
Contact Name: Telephone:	Fax:						Reports: If a hard copy of result							s report needs to be sent out by mail please tick:										
Email:									time for					days for most samples. Additional charges may apply if required sooner.										
SAMPLE DESCRIPTION								ANALYSIS REQUIRED (please indicate if total and/or soluble)																
Sample ID	Sample Date	Sample Time	Water (w) / Soil (S)	Comments																				
Sample 1D																								
					-	Sp	ecial Re	quireme	nts (eg. 0	OHS issu	es etc.)			l Sampl	e Rece	eint Ad	lvice (	Lab U	se On	lv)				
Relinquished by (name) Date: / /							· -							Sample Receipt Advice (Lab Use Only)  All Samples Received in Good Condition										
Relinquished by (signature) Time:													All Documentation in Proper Order											
																Samples Received Within Recommended Holding Times								
Received by (name):															Subcontracted work:									
Received by (signature)							ise Note: Samples are to be received at the Laboratory nor than 4:30pm unless prior notification has been received 1:00pm) or additional charges may apply.								Lims Batch No									