

Chain of Custody and Analytical Request Form

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Client Name:								Sample Location:								
Contact Person:			Report Address:					Billing Address:								
Phone:																
Fax:																
Email:			Purchase Order Number:		Project Number:			Result by: 🗌 Email 🛛 Fax 🗌 Mail 🗌 Phone								
System ID:			Source #:		Group Class: 🗌 A 🔲 B			Requested Turn-Around: Normal Rush (50% surcharge)								
Source Type: Surface Well or Ground Water Well Field			Spring Purchase Other		Sample			Taken: Before Teatment After Teatment								
							Analysis Requested									
Lab Sample No.	Cu	stomer Sample ID	Date/Time Collected	Sample Type Water/Wastewater/ Sludge/Soil	/ Number of Containers					eque	ester	u			Comments	
Shippined by: Cooler ID:		Cooler ID:	Receipt Temp.:	On Ice: 🗌 Yes 🛛] No		Sample Disposal: 🗌 Return 🛛 Lab									
Sampled By (PRINT):		Signature:			Received by (Signature):								Date/Time			
Relinquished by (PRINT):		Signature:			Rece	eceived by (Signature):							Date/Time			