



Field Chain-of-Custody Record

York Analytical Laboratories, Inc. (YORK)'s Standard Terms & Conditions are listed on the back side of this document. This document serves as your written authorization for YORK to proceed with the analyses requested below. Your signature binds you to YORK's Standard Terms & Conditions.

YORK Project No. _____

120 Research Drive Stratford, CT 06615 132-02 89th Ave Queens, NY 11418 56 Church Hill Rd. #2 Newtown, CT 06470 clientservices@yorklab.com www.yorklab.com 800-306-YORK Page _____ of _____

YOUR Information		Report To:		Invoice To:		YOUR Project Number		Turn-Around Time	
Company:	Company:	Company:	Company:	Company:	Company:	YOUR Project Name		RUSH - Next Day	
Address:	Address:	Address:	Address:	Address:	Address:			RUSH - Two Day	
Phone.:	Phone.:	Phone.:	Phone.:	Phone.:	Phone.:	YOUR PO#:		RUSH - Three Day	
Contact:	Contact:	Contact:	Contact:	Contact:	Contact:			RUSH - Four Day	
E-mail:	E-mail:	E-mail:	E-mail:	E-mail:	E-mail:			RUSH - Five Day	
								Standard (6-9 Day)	
								PFAS Standard is 7-10 Days	

Please print clearly and legibly. All information must be complete. Samples will not be logged in and the turn-around-time clock will not begin until any questions by YORK are resolved.

Matrix Codes	Samples From	Report / EDD Type (circle selections)			YORK Reg. Comp.
S - soil / solid	New York	Summary Report	CT RCP	EQUS (Standard)	Compared to the following Regulation(s): (please fill in)
GW - groundwater	New Jersey	QA Report	CT RCP DQA/DUE	NYSDEC EQUS	
DW - drinking water	Connecticut	CMDP	NJDEP Reduced	NJDKQP	
WW - wastewater	Pennsylvania	Standard Excel EDD	Deliverables	NJDEP SRP HazSite	
O - Oil Other	Other:	NY ASP B Package	Other:		

Samples Collected by: (print AND sign your name)

Sample Identification	Sample Matrix	Date/Time Sampled	Analyses Requested	Container Type	No.

Comments:	Preservation: (check all that apply)		Special Instruction	
	HCl ___ MeOH ___ HNO3 ___ H2SO4 ___ NaOH ___ ZnAc ___ Ascorbic Acid ___ Other: _____		Field Filtered	
Samples iced/chilled at time of lab pickup? circle Yes or No		Lab to Filter		

1. Samples Relinquished by / Company _____ Date/Time _____	1. Samples Received by / Company _____ Date/Time _____	2. Samples Relinquished by / Company _____ Date/Time _____	2. Samples Received by / Company _____ Date/Time _____
2. Samples Received by / Company _____ Date/Time _____	3. Samples Relinquished by / Company _____ Date/Time _____	3. Samples Received by / Company _____ Date/Time _____	3. Samples Relinquished by / Company _____ Date/Time _____
4. Samples Relinquished by / Company _____ Date/Time _____	4. Samples Received by / Company _____ Date/Time _____	Samples Received in LAB by _____ Date/Time _____	Temperature _____ Degrees C