

## **CHAIN-OF-CUSTODY INSTRUCTIONS**

The following instructions are provided to assist clients in accurately and completely filling out the Chain-of-Custody (COC)

### **Required Fields to be completed by the client:**

- Client:** Your name, or the name of your business, township, etc.
- Email Address:** The email address when the final report will be sent.
- Contact Person:** Your name, or the name of a person that the lab may speak to with questions.
- Phone No.:** The number where you may be reached if the lab has questions.
- Account No.:** The six-digit number assigned to you by the lab (if applicable).
- Water Source:** Well, spring, WWTP, etc.
- PWS or SPDES No.:** The Public Water Supply Number (Health Department ID) or Wastewater Discharge Number given to you by DOH, DEC or EPA
- Collections Address & State:** The physical address, including state, where the sample was taken.
- Collector's Name:** The name of the person who filled the bottles.
- Turnaround Time (TAT):** Standard, Rush (Charges Apply, Approval may be required)
- Client's Sample ID:** Tap where the sample was taken, Outfall, address, or other unique ID.
- Compliance Monitoring:** Is the sample for DOH, DEC, EPA monitoring?
- Repeat Samples:** Four (or five) repeats required by DOH.
- Check Samples:** Boil Water Order, Five samples the month after a positive.
- Date/Time:** Date and time that the bottles were filled.
- Chlorine Residual:** Is the site chlorinated? Has it been shocked (bleached)? What is the residual reading?
- Analysis Requested:** What tests do you want to have ran?
- Sample Relinquished By:** The person dropping off the sample needs to sign.

### **Optional Fields the client may wish to complete:**

- Project Name:** Is the sample part of an ongoing project?
- Quote No.:** If a quote was requested, this number must be supplied if the quote pricing is to be applied.
- Purchase Order No.:** Number generated by the client for accounting purposes.
- Address:** Mailing address where results may be sent (charges apply).
- Fax No.:** Fax number where results may be sent (charges apply).
- Subcontract:** We may have you initial giving us permission to send the sample to another NYS certified lab if it applies to your analysis requested.