



CHAIN OF CUSTODY

DRINKING WATER TEST KITS

Criterion Project #
(Laboratory use only)

Customer Information	Company Name:		Billing Information	Company Name: <input type="checkbox"/> Same as customer info	
	Contact Name:			Billing Contact:	
	Street Address:			Street Address:	
	City, State, ZIP:			City, State, ZIP:	
	Country:	Phone:		Country:	Phone:
	Email(s) for Report:			Email(s) for Invoice:	

Site Information	
Site Street Address:	City, State, ZIP:

Contract Information	
Criterion Proposal # (if applicable):	P.O. Number associated with Project (if applicable):

Referral Information
Referred by:

Drinking Water Test Kit Type		
<input type="checkbox"/> Advanced Drinking Water	<input type="checkbox"/> Metals & Minerals	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Coliform & <i>E. coli</i> (via Colilert)	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Standard Drinking Water
<input type="checkbox"/> Disinfection Byproducts (DBP)	<input type="checkbox"/> Minerals & Anions	<input type="checkbox"/> Volatile Organic Compounds (VOCs)
<input type="checkbox"/> Heterotrophic Plate Count (HPC)	<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Water Chemistry
<input type="checkbox"/> Legionella	<input type="checkbox"/> PFAS	<input type="checkbox"/> Well Water
<input type="checkbox"/> Metals (Full)	<input type="checkbox"/> Other: _____ _____	
<input type="checkbox"/> Metals (Individual) Circle one: Pb, Cu, As, Ba, Be, Cd, Cr, Se, Ag, Mn, Fe		

Note: Each test kit is considered 1 sample. All test kits have a 2-Week turnaround time.

Sample #	Sample Location (Kitchen, Bathroom, etc.)	Outlet (sink, well, etc.)	Sample	
			Date	Time

Printed Name of Sampler:	
Relinquished by:	Date/Time Relinquished:
Received by (Laboratory Use Only):	Date/Time Received:
Comments:	

