



**Drop Off and Office Location:** Phone: (215) 244-1300  
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 Bensalem, PA 19020 PADEP Lab ID: 09-01225

# CHAIN OF CUSTODY

## Water Analytical Request Document

All highlighted items (in yellow) should be filled in.

Incomplete forms may cause a delay. Please write clearly and legibly.

Criterion Project #  
 (Laboratory use only)

Customer Information			Billing Information				Laboratory Use Only						
Company Name:			Company Name: <input type="checkbox"/> Same as Customer info				<b>Subcontracted Work</b>						
Contact Name:			Contact Name:				<input type="checkbox"/> Subcontracted Work      Send to: _____						
Street Address:			Street Address:				Date/Time: _____      Shipment: _____						
City, State, ZIP:			City, State, ZIP:				<b>Sample Received By:</b>						
Phone:			Phone:		PO#:		<input type="checkbox"/> CLI Field Sample/Pick up						
Email(s) for Report:			Email(s) for Invoice:				<input type="checkbox"/> Delivered by Client						
<b>Project Information</b>			<b>Regulatory Requirement</b>		<b>Compliance or Non-Compliance</b>		<input type="checkbox"/> Other (Specify): _____						
Project Name/Number:			PWSID #: _____		<input type="checkbox"/> Check here if this is a non-compliance sample (for informational purposes).		<b>Sample Matrix:</b>  DW = Drinking Water      O = Other (e.g., pool or spa testing)						
Project Location: (Site Address)			(For compliance samples for reporting to DWELR)		<input type="checkbox"/> Check here if this is a compliance sample.								
<b>Turnaround Time (TAT) Note: Standard TAT is 2 Weeks</b>			<b>Due Date:</b> _____		<b>ANALYSIS / METHOD REQUESTED</b>				<b>Preservative Type (Code):</b> A = None B = HCl C = HNO <sub>3</sub> D = H <sub>2</sub> SO <sub>4</sub> E = NaOH F = MeOH G = NaHSO <sub>4</sub> H = Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> O = Other		<b>Container Type (Code):</b> P = Plastic A = Amber Glass V = Vial G = Glass B = Bacteria Cup O = Other		<b>Total Bottles</b>
<input type="checkbox"/> Standard <input type="checkbox"/> Rush (only if pre-approved)													
Check applicable box(es) for drinking water test kits: <input type="checkbox"/> Not Applicable (N/A)			<b>Test Kit Order #:</b>						Visit our website for accreditation information at www.criterionlabs.com		<b>Sample Specific Comments</b>		
<input type="checkbox"/> Advanced DW	<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Well Water	<input type="checkbox"/> VOCs										
<input type="checkbox"/> Standard DW	<input type="checkbox"/> Metals (Full)	<input type="checkbox"/> Metals & Minerals	<input type="checkbox"/> PFAS										
<input type="checkbox"/> Water Chemistry	<input type="checkbox"/> Pesticides	<input type="checkbox"/> DBPs	<input type="checkbox"/> HPC										
<input type="checkbox"/> Minerals & Anions	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Coliform/E. Coli	<input type="checkbox"/> Legionella										
For Grab Samples, put "G" in this column	Sample Location/Description (e.g. Kitchen Sink)	Collection		Sample Matrix	Sampler's Initials								
		Date	Time										
<b>Date Received by Lab (Lab Use Only):</b>				Specify Container Type						<b>Sample Condition (Lab Use Only):</b>			
				Specify Preservative						Sample Temperature: _____ °C			
<b>Relinquished By:</b>			<b>Date/Time</b>		<b>Received By:</b>			<b>Date/Time</b>					
<i>Print:</i>		<i>Signature:</i>											
<i>Print:</i>		<i>Signature:</i>											
<i>Print:</i>		<i>Signature:</i>											
<i>Print:</i>		<i>Signature:</i>											