Drop Off and Office Location:
Criterion Laboratories, Inc. (CLI)
400 Street Road
Bensalem, PA 19020

Phone: (215) 244-1300
Email: info@criterionlabs.com
www.criterionlabs.com
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: Same as Customer info		**Subcontracted Work**
Contact Name:		Contact Name:		☐ Subcontracted Work Sub Lab ID: _____
Street Address:		Street Address:		Sub Lab: _____
City, State, ZIP:		City, State, ZIP:		Address: _____
Phone:		Phone:	PO#:	Subbed Samples: _____
Email(s) for Report:		Email(s) for Invoice:		Date/Time: _____ Delivery: _____
				Samples Received By:
				☐ CLI Field Project ☐ Delivered by Client
				☐ Other (Specify): _____

Project Information	**Regulatory Requirement**	***Compliance or Non-Compliance***	**Sample Matrix:**
Project Name/Number:	PWSID #: _____	☐ Check here if this is a non-compliance sample (for informational purposes).	DW = Drinking Water
Project Location: (Site Address)	(For compliance samples for reporting to DWELR)	☐ Check here if this is a compliance sample.	O = Other (e.g., pool or spa testing)

Turnaround Time (TAT) **Note: Standard TAT is 2 Weeks**

☐ Standard ☐ Rush (only if pre-approved)

Due Date: _____

Test Kit Order #:

Check applicable box(es) for drinking water test kits: Not Applicable (N/A)

Advanced DW	Municipal Water	Well Water	VOCs
Standard DW	Metals (Full)	Metals & Minerals	PFAS
Water Chemistry	Pesticides	DBPs	HPC
Minerals & Anions	Microbiology	Coliform/E. Coli	Legionella

ANALYSIS / METHOD REQUESTED

Preservative Type (Code):
A = None
B = HCl
C = HNO_3
D = H_2SO_4
E = NaOH
F = MeOH
G = $NaHSO_4$
H = $Na_2S_2O_3$
O = Other

Container Type (Code):
P = Plastic
A = Amber Glass
V = Vial
G = Glass
B = Bacteria Cup
O = Other

Visit our website for accreditation information at www.criterionlabs.com

For Grab Samples, put "G" in this column	Sample Location/Description (e.g. Kitchen Sink)	Collection Date	Collection Time	Sample Matrix	Sampler's Initials									Total Bottles	Sample Specific Comments

Date Received by Lab *(Lab Use Only)*:

Specify Container Type

Specify Preservative

Sample Condition *(Lab Use Only)*:

Sample Temperature: _____°C
Ice Present? Y N N/A
Legal Seal? Y N Bottles Intact? Y N
Sample pH: _____ N/A
Sample Cl_2: _____ N/A
Weight: _____ N/A

Relinquished By:		**Date/Time**	**Received By:**	**Date/Time**
Print:	***Signature:***			
Print:	***Signature:***			
Print:	***Signature:***			
Print:	***Signature:***			