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	
Company Name:	
Contact Name:	
Street Address:	
City, State, ZIP:	
Phone:	
Email(s) for Report:	

Billing Information	
Company Name:	☐ Same as Customer info
Contact Name:	
Street Address:	
City, State, ZIP:	
Phone:	PO#:
Email(s) for Invoice:	

Subcontracted Work *(Lab Use Only)*

☐ Subcontracted Work Sub Lab ID: _____
Sub Lab: _____
Address: _____
Subbed Samples: _____
Date/Time: _____ Delivery: _____

Samples Received By *(Lab Use Only)*

☐ CLI Field Project ☐ Delivered by Client
☐ Other (Specify): _____

Project Information

Project Name/Number:

Project Location:
(Site Address)

Regulatory Requirement

PWSID #: _____

(For compliance samples for reporting to DWELR)

Compliance or Non-Compliance

☐ Check here if this is a non-compliance sample (for informational purposes).

☐ Check here if this is a compliance sample.

Sample Matrix:

DW = Drinking Water
O = Other (e.g., pool or spa testing)

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

☐ Standard ☐ Rush (only if pre-approved)

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

Sample #	Sample Type (G = Grab Sample)	Sample Location/Description (e.g. Kitchen Sink)	Collection Date	Collection Time	Sample Matrix	Sampler's Initials								Total Bottles	Sample Specific Comments
					Specify Container Type										
					Specify Preservative										

Comments:

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:***			

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

Due Date *(Lab Use Only)*: