

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037
 Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827
 West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

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GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: _____ Contact/Authorized by: _____

Mailing Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

SAMPLE INFORMATION

SAMPLE TYPE: Grab

Address Sample Taken From: _____

Grab	Comp	Sink or Tap Name	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			
			Date	Time	AM	PM		No.	Type*	Size	Pres.*
x		_____					<input type="checkbox"/> List attached Total Pages _____	1	T	100ml	G
							Total Coliform Bacteria				

Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____
 *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
 E = Hydrochloric Acid F = Zinc Acetate G = Sodium Iodosulfate H = Ascorbic Acid I = Labeled Other/Specify: _____

SUBCONTRACTED WORK

TURNAROUND TIME: Standard Rush (if RUSH REQUESTED) Rush Due by: _____

REPORT FORMAT: Standard Report Other/Specify: _____

Standard Report + E2 PWS ID#: _____

SEND TO:

DATE/TIME

METHOD OF SHIPMENT

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$ Hills HD

Payment Method: Credit Card Type: Check # Other: See Quote

Note:

Hillsborough Twp. HD - Well Testing after Tropical Storm Ida

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): _____	Signature: _____	Date/Time: _____
Client/Client's Representative (PRINT): _____	Signature: _____	Date/Time: _____
1. Received/Relinquished by (PRINT): _____	Signature: _____	Date/Time: _____
2. Received/Relinquished by (PRINT): _____	Signature: _____	Date/Time: _____

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED