CHAIN-OF-CUSTODY RECORD

PARAGON Laboratories
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Client Name:	**INTERNAL USE ONLY**
Contact Person:	Paragon Report No.:
Mailing Address:	Logged By:
City, State, Zip:	Sample Condition Upon Receipt: ◯ Acceptable ◯ Other (Specify Below)
Phone and Fax:	
Email:	IR Temperature Upon Receipt:
Client Job Name / No.:	Remarks:
Job Location:	
Sampled By: / PO No.:	

WHERE WAS THE SAMPLE(s) TAKEN: ◯ Facility Does Not Chlorinate ◯ After Chlorination ◯ After Chlorination, Before Dechlorination ◯ After Dechlorination ◯ Before Chlorination

WAS THE SAMPLE(s) DECHLORINATED: ◯ YES ◯ NO

IF YES, PLEASE DESCRIBE DECHLORINATION:

WAS THE SAMPLE(s) FILTERED: ◯ YES ◯ NO **IF YES, PLEASE STATE THE FILTER MESH SIZE:**

Item No.	Client Sample ID	No. of containers	Grab	No. of Grabs	**Grab Sample Period** (Start Date and Time - End Date and Time)	Comp	**Composite Sample Period** (Start Date and Time - End Date and Time)	**ANALYSIS REQUESTED** Acute Toxicity: Ceriodaphia Dubia	Fathead Minnows	Daphnia Magna	Chronic Toxicity: Ceriodaphia Dubia	Fathead Minnows

Tran. #	Released By	Received By	Date	Time	Tran. #	Released By	Received By	Date	Time
1.					3.				
2.					4.				

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