Submit by Email* *A printed COC must accompany all samples.

Print Form

Vista

CHAIN OF CUSTODY RECORD

FOR LABORATORY USE ONLY

Laboratory Project ID:_____ Temp _____℃

Storage ID: _____ Storage Secured: Yes ☐ No ☐

TAT: (Check One)
Standard ◯ 21 days
Rush (surcharge may apply)
◯ 14 days ◯ 7 days Specify:___

Project I.D.:_____ P.O. #:_____ Sampler:_____ (Name)

Invoice to: Name Company Address City State Zip Ph# Fax #

Relinquished by: (Printed Name and Signature) Date: Time: Received by: (Signature and Printed Name) Date: Time:

Relinquished by: (Printed Name and Signature) Date: Time: Received by: (Signature and Printed Name) Date: Time:

See "Sample Log-in Checklist" for additional sample information

SHIP TO: Vista Analytical Laboratory
1104 Windfield Way
El Dorado Hills, CA 95762
(916) 673-1520 • Fax (916) 673-0106

Method of Shipment: _____

Tracking No.: _____

ATTN:_____

Add Analysis(es) Requested

Sample ID	Date	Time	Location/Sample Description	Container(s) Quantity	Container(s) Type	Matrix	EPA1613 2378-TCDD	EPA1613 2378-TCDD/TCDF	EPA1613 PCDD/PCDF	EPA8290 2378-TCDD	EPA8290 2378-TCDD/TCDF	EPA8290 PCDD/PCDF	EPA8280 2378-TCDD	EPA8280 2378-TCDD/TCDF	EPA8280 PCDD/PCDF	EPA1668 TOTALS	EPA1668 COPLANAR PCBs	EPA1668 209 CONGENERS	EPA1614 PBDE	EPA1614 PAH	CARB429 WHO-29	

Special Instructions/Comments:_____

SEND DOCUMENTATION AND RESULTS TO:

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Container Types: A = 1 Liter Amber, G = Glass Jar
P = PUF, T = MM5 Train, O = Other _____

***Bottle Preservative Type:** ☐ T = Thiosulfate,
☐ O = Other _____

Matrix Types: DW = Drinking Water, EF = Effluent, PP = Pulp/Paper,
SD = Sediment, SL = Sludge, SO = Soil, WW = Wastewater, B=Blood/Serum
O = Other _____