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

Print Form

Vista

CHAIN OF CUSTODY RECORD - AIR

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

ATTN:_____

Method of Shipment:

_____

Tracking No.:

_____

Special Instructions/Comments:

_____

_____

_____

_____

_____

SEND DOCUMENT RESULTS TO:

Name:_____

Company: _____

Address: _____

City: _____ State: ___ Zip: _____

Phone: _____ Fax: _____

Email: _____

Page____ of ____

Sample / Run ID #	Date	Sample Components	Analysis Requested							Comments