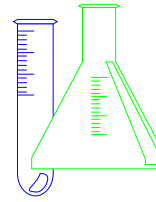


# LABORATORY CHAIN OF CUSTODY



SHIP TO: **Woods End Laboratories**  
**290 Belgrade Road**  
**(P.O. Box 297)**  
**Mt Vernon ME 04352**  
 lab@woodsendlab.org  
 Phone: 207-293-2457  
 Fax: 207-293-2488

Your Acct# \_\_\_\_\_ Previous Lab ID (if any) \_\_\_\_\_ **SAMPLE SUBMISSION FORM** PAGE \_\_\_\_\_ OF \_\_\_\_\_

CUSTOMER: \_\_\_\_\_ CONTACT NAME [ \_\_\_\_\_ ] Collector [ \_\_\_\_\_ ]

ADDRESS: \_\_\_\_\_ JOB ID \_\_\_\_\_

\_\_\_\_\_ PURCHASE ORDER / CONTRACT # \_\_\_\_\_

\_\_\_\_\_ Credit Card# \_\_\_\_\_ Expir. \_\_\_\_\_

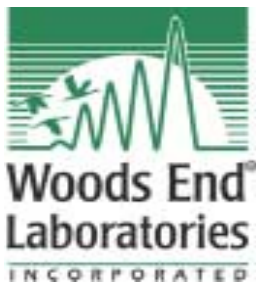
TEL. #: (phone/fax) \_\_\_\_\_ Email: \_\_\_\_\_ for CC, sign here: \_\_\_\_\_

SAMPLE IDENTIFICATION	Date	Time	SAMPLE MATRIX <i>(sludge, compost, manure etc)</i>	Container Vol./ Type <i>(Plastic, Glass, Whirl-pak, etc)</i>	PRESERVATION ICE [ ___ ] NONE [ ___ ] CO <sub>2</sub> [ ___ ]	ANALYSIS REQUESTED: <i>101, 102, 103, 104, 105, 106, 110, etc</i> Other: _____ <i>Approvals: Matrix, OMRI</i>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ [ ] Special Tests? Mark if tests requested differ from regular ones shown on Woods End's info.

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ Cooler Return? [ YES ] [ NO ] Note : A blank or a NO means we will discard the container. A Yes obligates you to absorb the \$20 fee for return

NOTE: This form constitutes a contract for the requested services. There is a minimum fee of \$25 for sample holding if no tests are specified. Please carefully note if requested tests differ in any way from standard procedures.



# LABORATORY CHAIN OF CUSTODY

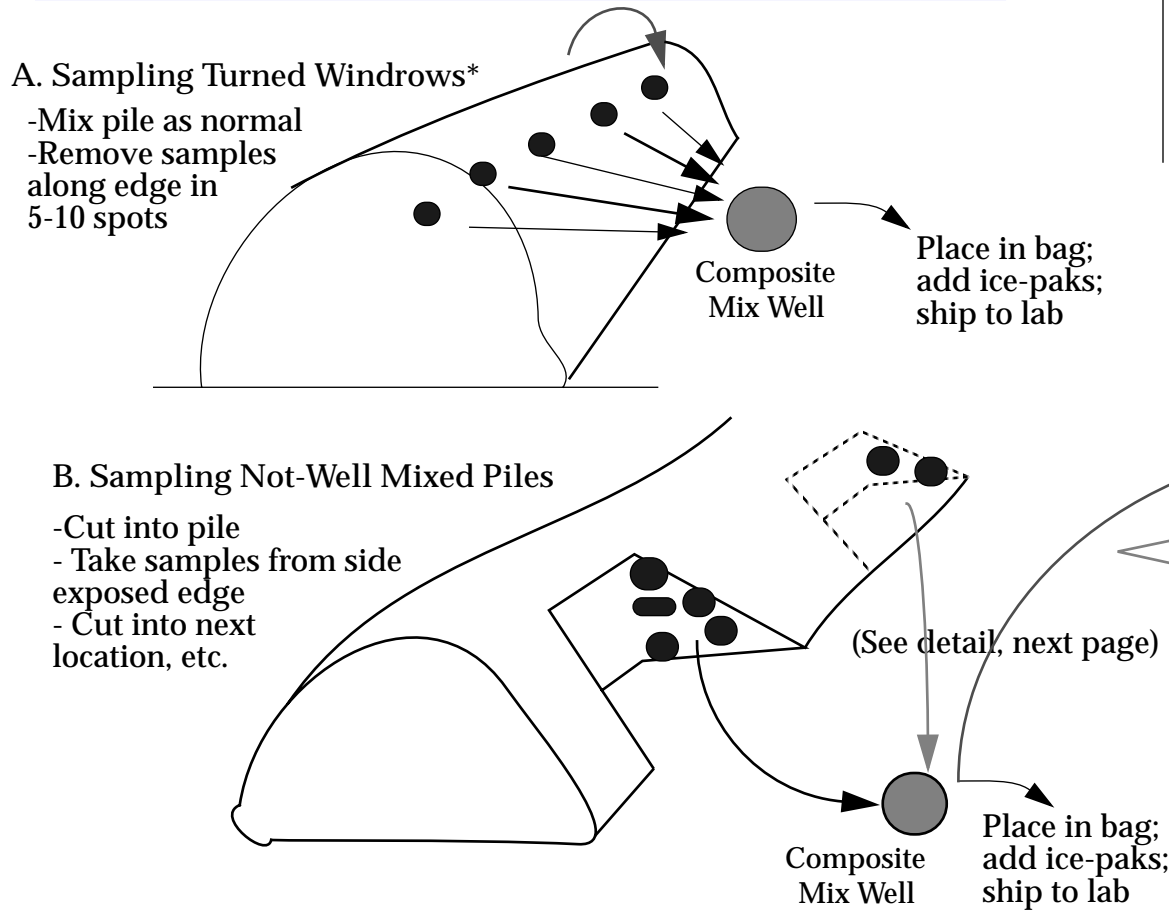
S A M P L E

## SAMPLE SUBMISSION FORM

PAGE   1   OF   1  

CUSTOMER: <b>John Dee Corp.</b>				CONTACT NAME <i>Roger Wolfe</i>		
ADDRESS: <b>1182 deerpike lane</b>				JOB NAME/NUMBER <i>Fon-1223</i>		
<b>West Chester NY 10000</b>				LOCATION <i>Escapade Lake</i>		
				COLLECTOR <i>Joshua</i>		
TEL. #: (phone/fax) <b>212-340-1000 fax:</b>				Seal of Approval ?		YES [ <input type="checkbox"/> ] NO [ <input checked="" type="checkbox"/> ]
SAMPLE IDENTIFICATION	Date	Time	SAMPLE MATRIX <small>(sludge, compost, manure etc)</small>	Container Vol./ Type <small>(Plastic, Glass, Whirl-pak, etc)</small>	PRESERVATION ICE [ <input checked="" type="checkbox"/> ] NONE [ <input type="checkbox"/> ] CO2 [ <input type="checkbox"/> ]	ANALYSIS REQUESTED <i>101, 102, 103, 104, 105, 106, 110, 202</i> <u>Other: _____</u>
<i>Rhone Lake Compost</i>	<i>7/27</i>	<i>1300</i>	<i>compost</i>	<i>plas bag : 2 gallons</i>		<i>104 + 110</i>
<i>Desert Farm Compost</i>	<i>7/26</i>	<i>1400</i>	<i>manure</i>	<i>plastic jar : 1 liter</i>	<i>pre-refrigerated</i>	<i>110, 202, HB</i>
RELINQUISHED BY: <i>R Wolfe</i>				DATE: <i>7/27</i>	TIME: <i>1445</i>	
RELINQUISHED BY:				DATE:	TIME:	

# THE MATERIAL SAMPLING SCHEMATIC

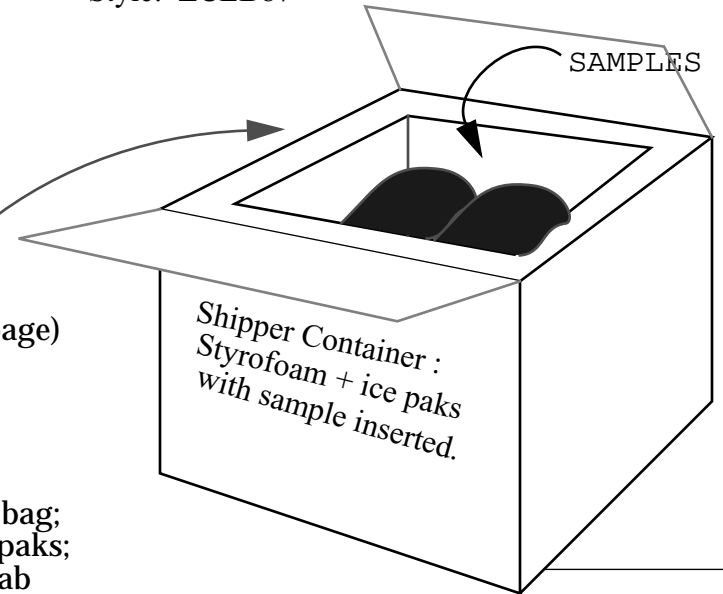


## Source Of Sample Shipping Containers:

1- Polyfoam Packers Corp, Wheeling, IL 60090  
 800-323-7442 www.polyfoam.com

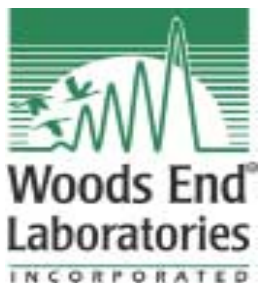
Containers are called : ThermoSafe and FreezSafe

2- TechPak Inc. 800-832-4725  
 Style: ZCLB87



**A. Well Mixed Piles\*** (turned within 4 hours): Take 5 sub-samples each from each side of pile; mix-well in bucket and remove 1-gallon and ship to lab in cardboard/styrofoam containers with ice-paks.

**B: Not Well-Mixed piles:** Cut cross-section with loader; take 5-sub-samples each from side-wall of cut; repeat operation at 3-5 other locations; remove 1-gallon and ship to lab with ice-paks.



\* Note - for sealed piles such as Polyflex or Gore-Tex material must be sampled as in Figure A. Double the number of sub-samples to make a composite if no mixing has been done.

**SEND SAMPLE NEXT-DAY\$ COURIER TO:**

**Woods End Laboratories, Inc.**  
 290 Belgrade Road  
 Mt Vernon ME 04352 USA

§ unfortunately DHL does not provide guaranteed next-day service to our region