



LEAP Testing Service • Donald Guthrie Foundation
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Samples must be returned

CHAIN OF CUSTODY

Workorder # _____

Client Information				Billing/Invoice:		Analysis Requested						Compliance / PWS info:	
Name:												Results for: PADEP	
Address:												NYDEC NYDOH	
Contact:												Other:	
Phone:												PWS ID #:	
Project:												Sample Pt:	
Quote ID:				PO#:									
Email Results to:												Container Material (P or G)	
Additional Contacts:												Container Size (in mL)	
Sample Information					Matrix	Number of Containers for Analysis Requested						Preservative	
Description/Location		Sampled by	Date	Time	Type							Comments/Field Data	
1													
2													
3													
4													
5													
6													
7													
Lab Use Only			Delivered By: _____						Temp at Receipt: _____ °C		Ice/Cooler: Y / N		
Print Name and Company					Sign Name		Date/Time		Payment Information				
Released:									Credit Card: Y / N				
Received:									Check# _____ \$ _____				
Received:													
<p><i>LEAP Testing Service (LTS) may be unable to perform a portion of the requested testing in which case we will subcontract the analysis to another accredited laboratory. By signing this document you are attesting that you have been informed by LTS of the intent to subcontract and are in agreement with this action.</i></p>													