


# EBS ADVANCED ANALYTICAL LAB CHAIN OF CUSTODY

## General

|                          |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                            |                                                      |                                                               |                     |                        |                           |                      |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>Company Name:</b>     |  | <p><b>Please ship samples to:</b></p> <p><b>EBS Advanced Analytical Lab</b><br/> <b>1930 Surgi Drive, Mandeville, LA</b><br/> <b>70448</b><br/> <b>(334) 409-1129</b></p> <p><i>Please ship samples priority overnight delivery and include a copy of this Chain of Custody Form, as well as any other specific sample information.</i></p> <p><b>Saturday deliveries require special arrangements.</b></p> | <b>Analyses Required Industry:</b>                        |                                            |                                                      |                                                               |                     |                        |                           |                      |        |        |  <p><input type="checkbox"/> <b>Standard (Typically 3 to 7 business days)</b></p> <p><input type="checkbox"/> <b>Rush (by close of next business day)*</b></p> <p><i>* Rush is billed at a higher rate and is based on available capacity.</i></p> <p><i>For Rush Analysis and/or Saturday deliveries, contact the Advanced Analytical Lab before shipping. Call (334) 409-1129.</i></p> |
| <b>Contact Name:</b>     |  |                                                                                                                                                                                                                                                                                                                                                                                                             | Total Petrochemical Hydrocarbons (Phenols, PAHs, Alkanes) | Biocides (Amines, isothiazolones, phenols) | Quaternary Ammonium Compounds (Cationic Surfactants) | Total Surfactants - Includes Anionic, Cationic, and Non-Ionic | Heavy Metals by ICP | Long Chain Fatty Acids | Polyaromatic Hydrocarbons | Volatile Fatty Acids | Other: | Other: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>E-mail address:</b>   |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                            |                                                      |                                                               |                     |                        |                           |                      |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Facility Address:</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                            |                                                      |                                                               |                     |                        |                           |                      |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Phone Number:</b>     |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                            |                                                      |                                                               |                     |                        |                           |                      |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Fax Number:</b>       |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                            |                                                      |                                                               |                     |                        |                           |                      |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Client:</b>           |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                            |                                                      |                                                               |                     |                        |                           |                      |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Client Location:</b>  |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                            |                                                      |                                                               |                     |                        |                           |                      |        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**For each analysis, specify if a sample should be filtered (F), unfiltered (UF), or both (F/UF).**

| Sample ID: | Date | Time | Matrix | Grab/Composite | Qty. | Analyses Requested | Comments |
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| <b>Relinquished by:</b>                                                                                                                                                                                      | <b>Date</b><br>Time | <b>Received by:</b> | <b>Date</b><br>Time |
| <b>Lab use only:</b><br>Temp. on receipt: _____<br>Ice present: Yes _____ No _____<br>Custody seals: Intact _____ Broken _____ NA _____<br>Preservation confirmed Yes _____ No _____<br><i>(see remarks)</i> | <b>Comments:</b>    |                     |                     |