



Chain of Custody Form

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Website : uab.ca/BASL

Project Name: _____

Lab ID: _____

Client Name: _____
Contact phone: _____
Contact e-mail: _____
Supervisor: _____
Billing Address or Speed Code: _____

Comments: _____
Sample Matrix: _____

Submitted By: _____
Initial: _____ Date: _____
Comments: _____

(For lab use only)

COC ID: _____
Received By: _____
Date: _____

☐ **RUSH** (Date required by: _____) Note: Extra charge will apply. Please consult with Lab Manager.

Analysis Requested:

Request	Parameter	Status	Request	Parameter	Status
Nutrients			Cations		
☐	Particulate Phosphorus		☐	Total ☐ Dissolved ☐ ICPMS ☐ ICPOES	
☐	Total Phosphorus		☐	Aluminum	
☐	Total Dissolved Phosphorus		☐	Calcium	
☐	Soluble Reactive Phosphorus		☐	Iron	
☐	Nitrite+Nitrate		☐	Potassium	
☐	Nitrate only		☐	Magnesium	
☐	Nitrite only		☐	Sodium	
☐	Ammonia		☐	Trace Metals	
☐	Total Nitrogen		Anions		
☐	Total Dissolved Nitrogen		☐	Sulfate	
☐	Total Kjeldahl Nitrogen		☐	Chloride	
☐	Dissolved Kjeldahl Nitrogen		Carbons		
☐	Silica		☐	Total Organic Carbon	
Physical Properties			☐	Total Inorganic Carbon	
☐	pH		☐	Dissolved Organic Carbon	
☐	Alkalinity		☐	Dissolved Inorganic Carbon	
☐	Gran Alkalinity		Stable Isotope		
☐	Conductivity		☐	Hydrogen (D/H)	
☐	Color (440 nm)		☐	Oxygen (¹⁸ O/ ¹⁶ O)	
☐	Absorbance (350 nm)		☐	Nitrogen (¹⁵ N/ ¹⁴ N)	
☐	Turbidity		☐	Carbon (¹³ C/ ¹² C)	
☐	Total Dissolved Solids		☐	Total Carbon and Nitrogen (IRMS)	
☐	Non Filterable Residue		☐	Total Carbon and Nitrogen (CHN)	
☐	Total Dissolved Solids		Others		
☐	Chlorophyll a: Fluorimetric		☐	Other Parameter: _____	
			☐	Archive raw sample	

Laboratory Notes (For lab use only):