



# AAA Chain of Custody

Custody form **MUST** be signed  
Please provide as much information as possible

Anchorage Laboratory  
3710 Woodland Dr. Suite 900  
Anchorage, AK 99517  
907.258.2155  
907.258.6634 fax

Mat-Su Service Center  
701 East Parks Highway #206  
Wasilla, AK 99654  
907.373.5440

Fairbanks Laboratory  
475 Hall Street  
Fairbanks, AK 99701  
907.456.3116  
907.456.3125 fax

ARS Corporate Office  
2609 North River Road  
Port Allen, LA 70767  
225.381.2991  
225.381.2996 fax

## Sampling Event ID:

Client/Company Name & Address:			Public Water System (PWS) ID:			<b>Section To Be Completed by AAA</b>										
			Project Name:			Quote Number:			SDG:							
Contact Person:			<b>Turnaround Time (TAT) for Results</b>			Account #:			Check	Credit						
			<input type="checkbox"/> Standard <input type="checkbox"/> <b>Repeat</b>			<input type="checkbox"/> <b>Expedited</b> (prior authorization required for < 10 days) <i>please specify due date below; additional charges may apply</i>			Invoice Contact Name & Address & Phone:							
Phone No:			Requested Date for Results:													
Fax No:			Results to STATE: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Routine		<input type="checkbox"/> Non-Routine								
E-mail:			Special Instructions/Requirements:			PO/Contract No.:										
						<b>Requested Analysis/Method</b>										
Kit Preparation/Shipping Charge:			Date Sampled	Time Sampled	Matrix	No. of Containers	Preservative Lot#	Preservative Lot#	Preservative Lot#	Preservative Lot#	Preservative Lot#	Preservative Lot#	Field Filtered	State Pt. Sampling ID	Facility ID	comments/repeat sample note
Client Sample Identification (Name, Designation, Location, etc.)																
1																
2																
3																
4																
5																
6																
7																
8																
9																
#																
Relinquished by:		Date	Time	Received by:		Date	Time	<b>Section To Be Completed by AAA</b>								
								Condition of Custody Seal:			Intact	Broken	Absent			
Relinquished by:		Date	Time	Received by:		Date	Time	Receiving location:			Temperature on arrival:					
								_____			_____ °C					
Relinquished by:		Date	Time	Received by:		Date	Time	_____			_____ °C					
								Thermometer ID # _____			Measurement method:		Temp Blank	Other		
Name of Sampler: (printed)							Shipping method/Tracking number:									