HiAdvance Philippines
3rd Floor Maga Centre
San Antonio St, Paseo de Magallanes
Makati City, 1232
Phone No. (632) 854-8365
Fax No. (632) 729-4327

HiAdvance

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Page: _____ of _____

Section A
Required Client Information:

Company:

Address:

Email To:

Phone: | Fax:

Requested Due Date/TAT:

Section B
Required Project Information:

Report To:

Copy To:

Purchase Order No.:

Project Name:

Project Number:

Section C
Invoice Information:

Attention:

Company Name:

Address:

HA Quote Reference:

HA Project Manager:

HA Profile #:

REGULATORY AGENCY

☐ EFFLUENT ☐ GROUND WATER ☐ DRINKING WATER

☐ UST ☐ WASTE ☐ OTHER _____

Site Location: _____

Requested Analysis Filtered (Y/N)

Section D — Required
Client Information

SAMPLE ID
(A-Z, 0-9 / ,-)
Sample IDs MUST BE UNIQUE

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW WT
WATER	WW
WASTE WATER	P
PRODUCT	SL
SOIL/SOLID	OL
OIL	WP
WIPE	AR
AIR	OT
OTHER	TS
TISSUE	

ITEM #	MATRIX CODE	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED COMPOSITE START DATE	TIME	COMPOSITE END/GRAB DATE	TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	Analysis Test	Y/N					Residual Chlorine (Y/N)	HiAdvance Project No./ Lab I.D.
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER: | DATE Signed (MM/DD/YY):

Temp in °C | Received on Ice (Y/N) | Custody Sealed Cooler (Y/N) | Samples Intact (Y/N)