



☐ Client Fills Out ☐ Laboratory Fills Out

Pacific Coast Analytical Services

1824 1st Street San Fernando CA 91340 Tel. 818.364.7470 Fax 818.364.7472

*Martix: F-Food, SP-Sponge, Air-Air plate

CHAIN OF CUSTODY

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Client:	Bill To:	Turn Around Time: RUSH (call for upcharge & time) Normal (10-15 working days)	Work Order:	
Address:	Address:	Method of Transport: Client PCAS Other _____	Sample Receipt: Ambient Cold _____ °C Frozen:	Sample Condition Sealed Intact
Phone: Fax:	P.O. #: Prepaid:	Special Instructions:		
Email:	Project #:			
Contact Name:	Client:			
Sampled By:	Signature:			

LAB ID	SAMPLED		* MATRIX	SAMPLE DESCRIPTION	# OF CONT	ANALYSIS REQUESTED	EXPECTED LEVEL/ METHOD
	DATE	TIME					
	If known						If known

Relinquished by:	Date	Time	Received by:	Reminder: PCAS will only provide the services that are contracted on the COC. It is the client's responsibility to make sure the order is accurate. The client is responsible for ALL items listed on the COC .Verbal change orders will not be recognized or guaranteed.
Relinquished by:	Date	Time	Received by:	
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