



CENTRAL ANALYTICAL INSTRUMENTS RESEARCH LABORATORY (CAIRL)
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CHAIN OF CUSTODY

Date: _____ Page ____ of ____

Client Information:

Name: _____ Phone: _____ Fax: _____ Email: _____
 Address: _____ Project Name: _____
 Account Name/Number: _____

Field Measurements								Analysis Requested							Comments	Initial
Sample ID	Sampling Date/Time	Sample Type	Matrix	Conductivity	DO	pH	Temp C	TSS	TDS	Turbidity	Inorganic Anion specify	BOD	ICP specify	Others		
Relinquished by			Date	Time	Received by				Date	Time						

*Sample Type: G=Grab C=Composite O=Other S=Solid SI=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Waste Water M=Marine PD=Pre-Digested
 **Matrix: N=Nitric Acid H=Hydrochloric Acid S=Sulfuric Acid P=Phosphoric Acid SH=Sodium Hydroxide NH₄OAc=Ammonium Acetate OM=Other Matrix U=Unpreserved