RA			Brighton Analytical, L.L.C <sup>TM</sup> 2105 Pless Drive									BA PROJECT #:						Analysis Requested/Method							d	PAGE: OF	
												ABBREVIATIONS FOR SAMPLE MATRIX											1			C	OMPANY INFO:
			Brighton, MI 48114 Phone: 810-229-7575									SAMPLE MATRIX					_										
			email:labs@brightonanalytical.com										L = Liquid DW = Drinking H,0														
PROJECT															WW = Wastewater O = Oil												
NAME:														P = Wipe A = Air (Tedlar Bag) F = Filter T = Tube												ATTN:	
PROJECT #:																										PHONE:	
PO#:														GW = Groundwater SW = Surface Water M = Misc.												EMAIL:	
Sample	collected	by		If RUSH approved by			Container				Type & Quantity														For Laboratory Use Only:		
				STD	appie	z	₿				RVED)	ERVED) ATI VE		RIA		atriy									Sample received within holding time? Yes $\Box$ No $\Box$		
Default TAT Star			ROUND:(X BOX WITH TAT NEEDED)   andard: 7 - 10 Business days   day (verify with lab)@3x Surcharge								HDPE NAOH	AMBER GLASS (UNPRESERVED) FR GLASS (PRFSFR	GLASS, NO PRESERVATI VE		STERILIZED BACTERIA METAI S FII TERED:	MELALS TILLENED. (F)ield OR (L)ab MEOH Preserved:	(F)ield or (L)ab Preserved									Temperature of sample	es °C:
RUSH: 2 Business		iess da	ays@2x Surcharge(Non TCLP) s@1.5x Surcharge (TCLP @ 2X)	Sam	VOA'S (PRES) Y	E UNPRESERV HDPE HNO <sub>3</sub> HDPE H <sub>2</sub> SO <sub>4</sub>		MBER	NPRES	AMBER GLASS (PRESERVED GLASS, NO PRESERVATI VE		TALSE	METALS FILTERED: (F)ield OR (L)ab MEOH Preserved:										pH verified in login? Yes □ No □				
Brighton	ID #		Sample Description 35 Characters Limit			Date Time						(U)	S V IS		STEF		(F)ield									Headspace/bubbles in	VOA'S? Yes 🗆 No 🗆 N/A 🗖
1)																									Sample containers and	d COC match? Yes 🗆 No 🗅	
2)																							BILLING ADDRESS (II	FREQUIRED)			
3)																											
4)																											
5)																											
6)																									Drin	king Water Only:	
7)																									WSSN:		
8)																											artment? Yes 🗆 No 🗅
9)																										County: Email to send to:	
10)																										Chlorinated Wate	
																	•	pl	H:	Time	e: Temp: Initials:			nitials:	•	Yes 🗅 No 🗅 mg/L	
Special Instructions:															MCL Failure: Yes □ No □ Client Notified (date/time/initials):				nt Notifie	ed	Water Type: Routine 🛛 Other 🗅						
(date/time/initials): Please fill out the Chain of Custody completely and review. Incorrect or incomplete information will result in a "hold" on all analyses. All hold samples = \$10.																											
Trans. #	RELINQUISHED BY:			RECEIVED BY:							DATE:				TIME	: Tra		RELINQUISHED BY:						RECEIVED BY:	DATE/TIME:		
1																	3										
2																	4	L I									