

**NRRC @SAU Chain of Custody Form - Research Development**  
 100 E. University, Magnolia, AR 71753

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CUSTOMER/COMPANY INFORMATION							
NAME: _____			PHONE NO: _____				
ADDRESS: _____			CITY/STATE/ZIP: _____				
EMAIL ADDRESS: _____			FAX NUMBER: _____				
ATTENTION TO (RESULTS OF ANALYSIS): _____			SAMPLER (SIGNATURE): _____				
SAMPLES OBTAINED BY: _____			NUMBER OF SAMPLES: _____				
PROJECT NAME/NUMBER: _____			DATE: _____				
RESULTS SENT VIA (CHECK ONE):							
<input type="checkbox"/> EMAIL RESULTS		<input type="checkbox"/> US POSTAL SERVICE			<input type="checkbox"/> FAX RESULTS		
PAYMENT INFORMATION (CHECK ONE):							
<input type="checkbox"/> ON ACCOUNT		<input type="checkbox"/> PAYMENT ENCLOSED			<input type="checkbox"/> SEND INVOICE		
SAMPLE I.D.	AMOUNT OF SAMPLE	HANDLING & PREPARATION	SAMPLE CHARACTERISTICS		LIST TESTS DESIRED		
			<input type="checkbox"/> Dry before analysis _____ Hours	<input type="checkbox"/> Hazards Unknown <input type="checkbox"/> Non-hazardous	<input type="checkbox"/> Inhalation:Respiratory Protection _____	Test	Estimated Concentrations of analytes (mg/L)
		<input type="checkbox"/> _____ °C	<input type="checkbox"/> Hazardous	<input type="checkbox"/> Skin Absorption:Gloves _____	<input type="checkbox"/> ICP-Metals		
		<input type="checkbox"/> Freeze @ -18 to -25°C	<input type="checkbox"/> Biohazardous	_____	<input type="checkbox"/> IC-Anions		
		<input type="checkbox"/> Grind	<input type="checkbox"/> Carcinogenic/Toxic	<input type="checkbox"/> Other Protective Equipment _____	<input type="checkbox"/> FTIR		
		<input type="checkbox"/> Hygroscopic	<input type="checkbox"/> Explosive	_____	<input type="checkbox"/> EDX		
		<input type="checkbox"/> Refrigerate @ 2-8°C	<input type="checkbox"/> MSDS (Include)	<input type="checkbox"/> Reproductive Hazard	<input type="checkbox"/> GC-MS		
		<input type="checkbox"/> Sensitive to _____	<input type="checkbox"/> Pyrophoric	MP _____°C    BP _____°C	<input type="checkbox"/> HPLC		
		_____	<input type="checkbox"/> Volatile	_____mmHg    _____Mol. Wt.	<input type="checkbox"/> UV-Vis		
		_____	<input type="checkbox"/> Other	Soluble in _____	<input type="checkbox"/> TGA		
Sample Type/Structure/Other Elements Present					<input type="checkbox"/> GFAA-Metals		
					<input type="checkbox"/> Others		
For NRRC Use Only					Authorized Release of Information		
					NRRC releases information regarding work received only to the submitter named on this form. With authorization, we may release information to others, such as work associates. If appropriate, please list names below.		
Samples Were:					<input type="checkbox"/> Yes <input type="checkbox"/> No	Please initial _____	
1. Shipped or hand-delivered					_____		
2. Received in good condition Y or N    3. Labels checked by: _____					_____		
_____					_____		

RECEIVED BY:

DATE:

TIME: