

The Delaware State University Water Quality Testing Laboratory
CHAIN OF CUSTODY Form

Customer Information Name: _____ Company/Organization: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Email Address: _____	Delaware State University Department of Chemistry SCS Rm 313 1200 N. DuPont Hwy Dover, DE 19904 ATTN: Kimberly Milligan Phone: 302.857.6534 Email: kmilligan@desu.edu
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Sample ID	No. of Containers	Matrix						Analysis Requested		
		Drinking Water	Storm Water	Ground Water	Surface Water	Waste Water	Other: Please specify	Colisure Presence/Absence (Qualification)	Colisure (Quantification)	Heavy Metals (ICP-MS)

To Be Completed by DSU Personnel

Sample Received Intact: Yes No				Temperature Received: Ice No Ice			
Received by: (Print Name)	Date	Time	Sampled by:	Date	Time		
Completed and Submitted in LIMS	Initial:	Date:		Lab Director Signature:		Date:	

Instructions:

1. Please complete the COC for above and include in the package for shipment. Be as descriptive as possible. Email Dr. Milligan once samples have been shipped: kmilligan@desu.edu
Include DSWQL in the Subject line of the email.
2. Please send at least 100 mLs of water for each Colisure sample and at least 100 mLs of water for each heavy metal sample.