

APPENDIX D: CHAIN-OF-CUSTODY FORMS

IHS1

-15

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CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: Lower Duwamish Waterway Group (LDWG)
 Project Number: 04-08-06-22
 Contact Name: Marina Mitchell
 Sampled By: Matt Luxon

Ship to: ARI Labs, 4611 S. 134th Place, Suite 100, Tukwila, WA 98168
 Attn: Sue Dunnihoo Shipping Date: _____
 Shipper: _____ Airbill Number: _____
 Form filled out by: Marina Mitchell Turnaround requested: _____

Sample Date (m/d/y)	CAS Sample Identification	Windward Sample Identification	Sample Volume	Matrix	Fish/Crab Tissue	Comments / Instructions	
8/3/04	K2409809-015	LDW-T3-M-ES-WB-comp-4		tissue	Sample Extraction/Combined: Tissuemizer Extraction Partition for Phthalate: Normal Phase Fractionation BEHP: SW8270D PCP: SW8041 OR SW8270-SIM after derivatization	Extract/analyze all samples on p.1	
8/5/04	K2409809-016	LDW-T3-M-ES-WB-comp-5		tissue			
8/5/04	K2409809-017	LDW-T3-M-ES-WB-comp-6		tissue		Extract all samples on p. 2 of	
8/4/04	K2409809-020	LDW-T4-M-SF-WB-comp-1		tissue		COC, but hold analysis.	
8/4/04	K2409809-022	LDW-T4-M-SF-WB-comp-3		tissue			
8/2/04	K2409809-004	LDW-T1-M-ES-FL-comp-2		tissue		Hold extraction & analysis on all	
8/3/04	K2409809-005	LDW-T2-M-ES-FL-comp-1		tissue		samples pp. 3-4.	
8/3/04	K2409809-006	LDW-T2-M-ES-FL-comp-2		tissue			
8/3/04	K2409809-010	LDW-T2-M-ES-WB-comp-5		tissue		BEHP analysis only (no PCP) on	
8/3/04	K2409809-011	LDW-T2-M-ES-WB-comp-6		tissue		LDW-T3-A-SS-WB-comp-1	
8/3/04	K2409809-012	LDW-T3-M-ES-WB-comp-1		tissue		and LDW-T3-D-SS-WB-comp-1	
8/3/04	K2409809-013	LDW-T3-M-ES-WB-comp-2		tissue			
8/2/04	K2409451-013	LDW-T3-A-SS-WB-comp-1		tissue			
8/2/04	K2409451-016	LDW-T3-D-SS-WB-comp-1		tissue			
				tissue			
				tissue			
Total Number of Containers			Purchase Order/Statement of Work #				

1) Released by: Print name: <u>AMANDA JUELL</u> Signature: <u>Amanda Juell</u> Company: <u>CHS</u> Date/Time: <u>7/18/05 1100</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>7/19/05 1050</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: (206) 378-1364
 Fax: (206) 217-9343

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DHS2

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CHAIN-OF-CUSTODY/TEST REQUEST FORM

-153

Project/Client Name: Lower Duwamish Waterway Group (LDWG)
 Project Number: 04-08-06-22
 Contact Name: Marina Mitchell
 Sampled By: Matt Luxon

Ship to: ARI Labs, 4611 S. 134th Place, Suite 100, Tukwila, WA 98168
 Attn: Sue Dunnihoo Shipping Date: _____
 Shipper: _____ Airbill Number: _____
 Form filled out by: Marina Mitchell Turnaround requested: _____

Sample Date (m/d/y)	CAS Sample Identification	Windward Sample Identification	Sample Volume	Matrix	Fish/Crab Tissue	Comments / Instructions
8/30/04	K2409809-028	LDW-T3-M-DC-EM-comp-1		tissue	Sample Extraction/Combined: Tissuemizer Extraction Partition for Phthalate: Normal Phase Fractionation BEHP: SW8270D PCP: SW8041 OR SW8270-SIM after derivatization	Extract/analyze all samples on p.1
9/3/04	K2409809-029	LDW-T3-M-DC-EM-comp-2		tissue		
9/1/04	K2409809-030	LDW-T3-M-DC-EM-comp-3		tissue		Extract all samples on p. 2 of
8/30/04	K2409809-031	LDW-T3-M-DC-HP-comp-1		tissue		COC, but hold analysis.
9/3/04	K2409451-049	LDW-T3-M-SC-EM-comp-2		tissue		
9/3/04	K2409451-050	LDW-T3-M-SC-EM-comp-3		tissue		Hold extraction & analysis on all
9/3/04	K2409451-051	LDW-T3-M-SC-HP-comp-1		tissue		samples pp. 3-4.
8/31/04	K2409451-053	LDW-T4-M-DC-HP-comp-1		tissue		
8/30/04	K2409809-008	LDW-T4-M-ES-FL-comp-1		tissue		
8/30/04	K2409809-018	LDW-T4-M-ES-WB-comp-1		tissue		
8/30/04	K2409809-019	LDW-T4-M-ES-WB-comp-3		tissue		
8/30/04	K2409809-023	LDW-T4-M-SF-FL-comp-1		tissue		
8/30/04	K2409809-024	LDW-T1-M-DC-EM-comp-1		tissue		
8/30/04	K2409809-025	LDW-T1-M-DC-EM-comp-2		tissue		
8/30/04	K2409809-026	LDW-T1-M-DC-EM-comp-3		tissue		
8/30/04	K2409809-027	LDW-T1-M-DC-HP-comp-1		tissue		

Total Number of Containers

Purchase Order/Statement of Work #

1) Released by: Print name: <u>Amanda Juell</u> Signature: <u>Amanda Juell</u> Company: <u>CHS</u> Date/Time: <u>7/19/05 1100</u>	1) Rec'd by: <u>Bob Conliffe</u> Company: <u>ARF</u> Date/Time: <u>7/19/05 1050</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:



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PS-12125/05-12149

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