

APPENDIX D. CHAIN-OF-CUSTODY FORMS

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2262

Project/Client Name: Gastropod Imposex Study/LDWG
 Project Number: 03-08-06-21
 Contact Name: Helle Andersen
 Sampled By: HA

Ship to: Allan Kohn
 Attn: _____ Shipping Date: _____
 Shipper: Hand delivered Airbill Number: _____
 Form filled out by: A. Rodriguez Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
					Imposex						
8/8/05	0900	G166	3 Jars	Gastropods	<input checked="" type="checkbox"/>						
Total Number of Containers			3	Purchase Order / Statement of Work #							

1) Released by: <u>Angelita Rodriguez</u>		1) Rec'd by: <u>[Signature]</u>		2) Released by: _____		2) Rec'd by: _____	
Print name: <u>Angelita Rodriguez</u>		Company: <u>UNIVERSITY OF WASHINGTON</u>		Print name: _____		Company: _____	
Signature: <u>[Signature]</u>		Date/Time: <u>8/8/05 16:30</u>		Signature: _____		Date/Time: _____	
Company: <u>Windward Environmental</u>		Date/Time: <u>8/8/05 16:31</u>		Company: _____		Date/Time: _____	

* Distribution: White copies accompany shipment; yellow retained by consignor.



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

To be completed by Laboratory upon sample receipt:

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

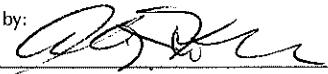
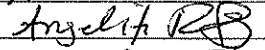
CHAIN-OF-CUSTODY/TEST REQUEST FORM

N^o 2278

Project/Client Name: GASTROPOD IMPOSEX STUDY/LDWG
 Project Number: 04-08-06-21
 Contact Name: HELLE ANDERSEN
 Sampled By: HA

Ship to: U OF W
 Attn: ALAN KOTTN Shipping Date: 8/9/05
 Shipper: HAND DELIVERED Airbill Number: _____
 Form filled out by: ANGELITA RODRIQUEZ Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
					IMPOSEX						
8/9/05	0745	G 216	1 JAR	GASTROPOD	✓						
8/9/05	1205	G 176	2 JARS	GASTROPOD	✓						
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by:	1) Rec'd by: 	2) Released by:	2) Rec'd by:
Print name: <u>ANGELITA RODRIQUEZ</u>	Company: _____	Print name: _____	Company: _____
Signature: 	Company: <u>WINDWARD ENVIRONMENTAL</u>	Signature: _____	Company: _____
Date/Time: <u>8/9/05 1618</u>	Date/Time: _____	Date/Time: _____	Date/Time: _____

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

1 of 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2263

Project/Client Name: 04-08-06-21 / GASTROPOD IMPOSEX STUDY

Ship to: UW

Project Number: LDWG

Attn: ALAN KOHN

Shipping Date: 08/10/05

Contact Name: HELLE ANDERSEN

Shipper: HAND DELIVERED

Airbill Number: _____

Sampled By: HA

Form filled out by: ANGELITA RODRIGUEZ Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
					IMPOSEX						
8/10/05	0740	G176	1 JAR	Gastropod	<input checked="" type="checkbox"/>						
	0835	G186	2 JARS	"	<input checked="" type="checkbox"/>						
	1418	G196	2 JARS	"	<input checked="" type="checkbox"/>						
			Total Number of Containers		Purchase Order / Statement of Work #						
1) Released by:		1) Rec'd by:			2) Released by:			2) Rec'd by:			
Print name: <u>ANGELITA RODRIGUEZ</u>		Print name: <u>ALAN KOHN</u>			Print name: _____			Print name: _____			
Signature: <u>[Signature]</u>		Company: _____			Signature: _____			Company: _____			
Date/Time: <u>8/10/05 1636</u>		Date/Time: <u>8/10/05 1636</u>			Date/Time: _____			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: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Nº 2281

Project/Client Name: GASTROPOD IMPOSEX STUDY/LDNG
 Project Number: 04-08-06-21
 Contact Name: HELLE ANDERSEN
 Sampled By: ANGELITA RODRIQUEZ

Ship to: U OF W
 Attn: ALAN KOHN Shipping Date: 8/11/05
 Shipper: HAND DELIVERED Airbill Number: _____
 Form filled out by: ANGELITA RODRIQUEZ Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
					IMPOSEX						
08/11/05	0720	G196	1 JAR	GASTROPOD	✓						
8/11/05	0939	G206	2 JARS	GASTROPOD	✓						
Total Number of Containers				Purchase Order / Statement of Work #							
1) Released by:			1) Rec'd by:			2) Released by:			2) Rec'd by:		
Print name: <u>ANGELITA RODRIQUEZ</u>			[Signature]								
Signature: [Signature]			Company: <u>U OF W</u>			Print name:			Company:		
Company: <u>WINDWARD ENVIRONMENTAL</u>						Signature:			Company:		
Date/Time: <u>08/11/05 1539</u>			Date/Time: <u>8/11/05 1539</u>			Date/Time:			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: _____